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Worldwide Report

EPIDEMIOLOGY

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29 April 1985

WORLDWIDE REPORT EPIDEMIOLOGY

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INTER-AFRICAN AFFAIRS

ANTI-MALARIA DRUG PROCESSED FROM LOCAL ROOT

Lagos SUNDAY TIMES in English 3 Mar 85 pp 1, 16

[Article by Tony Masha]

[Text]

AN anti-malaria root potion has now been processed by the West African Pharmaceutical Federation (WAPF), for clinical application.

WAPF executive secretary, John Ocran said doctors at the Scientific Research Centre into Plant Medicine, Mampong Ghana, are now using the potion to treat malaria and rheumatism patients.

"But it is not yet available in commercial quantity. Researchers are still trying to determine the durability of the medicine to know how long it can be effected. This will enable them to know when the drug will expire," he added.

Dr. Ocran said research into the root was the first major breakthrough by the association formed in 1976.

WAPF activities have been hampered by lack of fund. He then appealed to industrialists and philanthropists to contribute towards research projects.

"We have been trying to compile a list of plants being used by herbalists in the West African sub-region to determine the truth of their claims.

"The result of research into the root of 'cryptolepis sanguinolenta,' is one of such efforts. And in this case, their claim has been found to be true."

Dr. Ocran said that apart from financial grants from West African Health Community, the association got aids from International Foundation for Sciences, Sweden, Ghana Industrial & Holding Corporation, Valco Fund of Ghana, Kumasi University and the College of Medicine, University of Lagos.

The plant would have to be cultivated in large quantity if the medicine is to be made available in future.

Research into the plant began in 1976 when a herbalist gave the root of the tree to Dr. Oku Ampofo, director of Scientific Research Centre into plant medicine, Mampong, Ghana.

Herbalists in Ghana have used the root of the plant for years in treating malaria,

gonorrhoea, hypertension and rheumatism.

To verify the claims of herbalists, Dr. Ampofo gave the root to Professor Dwuma Bedu then at the University of Science and Technology, Kumasi Ghana.

When the SUNDAY TIMES published the "discovery" of the root on April 22, 1984, Professor Bedu, now head of Pharmaceutical Chemistry Department, College of Medicine, University of Lagos, admitted that the root was found to contain a compound (an alkaloid) called cryptolepine and that it has a strong antimicrobial activity.

A sample of the alkaloid was later given to Professor Bamgbose, Dean of School of Basic Medical Sciences and Dr. Benjamin Nnamasi both of the College of Medicine, University of Lagos.

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ANTIGUA AND BARBUDA

BRIEFS

FLU IN BARBUDA--Codrington, 29 Mar--Two people have died and scores of others confined to bed as a result of an outbreak of a highly contagious strain of influenza in Barbuda, the Antigua sister island. A resident doctor described the epidemic as the worst in 14 years. It was forced the closure of schools and disrupted several other areas of community life. Persons affected by the disease experience coughing, severe sore throat, fever, and vomiting for up to 10 days. Medical personnel are working to combat the problem. [Text]
[FL291748 Bridgetown CANA in English 1709 GMT 29 Mar 85]

CSO: 5440/55

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ARGENTINA

BRIEFS

MALARIA OUTBREAK IN JUJUY--A new outbreak of malaria has affected over 100 persons in Palma Sola, 200 km from San Salvador de Jujuy. Requests have been made to help eradicate the problem. [Summary] [Buenos Aires Domestic Service in Spanish 1600 GMT 22 Mar 85 PY]

CSO: 5400/2043

BRIEFS

CAMPUS CHICKENPOX OUTBREAK--About 50 students of the Bangladesh University of Engineering and Technology have been attacked with chicken-pox which was spreading at an epidemic form in the campus. According to Chief Medical Officer of BUET three students on average were coming under attack of chicken-pox everyday in the university. [Text] [Dhaka THE BANGLADESH TIMES in English 1 Mar 85 p 3]

MEASLES IN JHENIDAH--Jhenidah, March 2: Measles have broken out in an epidemic form in 6 upazilas of Jhenidah district and about 10 children have died of the disease during the last two months. According to an unofficial report 3 children died in Jhenidah sadar upazila, 2 in Harinakunda upazila, 2 in Shallakupa upazila, 2 in Kaliganj upazila and 1 in Moheshpur upazila. It is further learnt that till to date about 3,000 people of the district have been suffering from the disease. When contacted, the Civil Surgeon, Jhenidah said that measles have broken out in the district and some have died of this disease. [Text] [Dahaka THE BANGLADESH TIMES in English 3 Mar 85 p 2]

DIARRHEA IN KISHOREGANJ--Kishoreganj, Mar. 15:--Different diarrhoeal diseases have broken out in different areas of Kishoreganj district. According to the reports from different upazilas, about one thousand persons were suffering from these diseases in different areas of the district. Most of them are children and females. Acute scarcity of pure drinking water unhygienic condition and lack of proper measures are causing quick spread of the diseases like Diarrhoea and other intestinal diseases. The affected areas are Aushtagram, Nikli and Karimganj Upazilas. When contacted, a Health Department official confirmed the outbreak of these diseases and informed this correspondent that necessary steps are being taken in all the affected upazilas by the health officials and workers. It is alleged that oral rehydration salt (ORS and other necessary medicines are not at all available with the health officials. But these are easily available at exorbitant rate in the open markets which is beyond the purchasing capacity of the poor villagers, it is alleged. [Text] [Dhaka THE BANGLADESH OBSERVER in English 18 Mar 85 p 3]

CSO: 5450/0103

BARBADOS

ONE DEATH REPORTED IN GASTROENTERITIS EPIDEMIC

Bridgetown BARBADOS ADVOCATE in English 20 Feb 85 p 1

[Text] Medical experts in Barbados are treating the gastroenteritis outbreak, in which one death has so far resulted, as an epidemic.

Consultant Paediatrician with the Queen Elizabeth Hospital, Dr A. C. ("Bertie") Graham, told a press conference called yesterday by Minister of Health Senator O'Brien Trotman that the outbreak was probably the largest in the 20-year history of the AEH.

But he said "largest" did not mean "severe" and there should be no cause for undue alarm, adding that no child who received early and adequate treatment should die from the disease.

"It is a nuisance rather than a threat," Dr. Graham said of the gastro problem.

He said if the problem continued they would have to look seriously at closing day care centres, since most of the cases were children under five years. But he ruled out the necessity of closing schools.

Senator Trotman also reiterated that all evidence suggested that there should be no danger to anyone because of the outbreak.

In December last year, the QEH saw 563 gastro cases, last month 612 were seen and so far this month 431.

Senator Trotman said it was significant that a year previously the QEH would only have seen four cases per week on average.

Dr. Graham supported his comment by pointing out that there was a time when the gastro ward was empty.

He said gastro was under control in January and it began increasing again this month.

"What caused the second increase we are not quite certain," Dr. Graham said.

He added that it was felt gastroenteritis was caused by "droplets spray" (spray from the mouth or from sneezing) because many persons suffering from it have symptoms of an upper respiratory tract infection.

Acting Chief Medical Officer, Dr. Beverley Miller said the causative agent was the rota virus, a relatively new virus discovered in 1973.

Gastro is characterised by diarrhoea, abdominal pain, a slight cold and upper respiratory tract infection.

Dr. Graham said persons suffering from the disease did not look critically ill.

He said people suffering from the disease should be kept on a diet of clear fluids and he advised mothers with babies to keep breast-feeding them to help prevent them coming down with gastro.

CSO: 5440/056

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BARBADOS

BRIEFS

AIDS DEATH--Bridgetown, 5 Mar (CANA)--Barbados recorded its first death from acquired immune deficiency syndrome (AIDS) in December last year, the government's information service announced today. Acting chief medical officer Dr Beverly Miller said the person was a Barbadian male believed to have been a homosexual. A government statement said: The death from complications of the disease occurred in December 1984, but confirmation of the cause has only now been received. Previously there were no available means of confirmation of the disease of the region, but the Caribbean Epidemiological Centre (CAREC) in Trinidad is now able to identify the virus associated with AIDS from blood taken from suspected persons. It said that out of concern, Ministry of Health had already sent letters to all local doctors, with specific guidelines to help in the detection of suspected AIDS cases. AIDS has already been identified in other Caribbean countries. It breaks down the body's immune system. [Text] [Bridgetown CANA in English 0012 GMT 7 Mar 85]

CSO: 5440/48

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BERMUDA

NUMBER OF INFLUENZA CASES CONTINUES TO RISE

Hamilton THE ROYAL GAZETTE in English 16 Feb 85 p 1

[Text]

The influenza which has afflicted hundreds of Bermudians since January shows no sign of abatement.

Figures compiled at Victoria Street Health Centre show a steady increase in the number of reported flu cases for the last seven weeks from 18 for the week ending January 5 to 381 for the week ending February 8.

More than 878 cases have been reported this year.

"The flu will be with us a while longer," Chief Medical Officer Dr. John Cann said yesterday. "It's going to taper off but I expect it will be with us for the remainder of this month and probably March."

It appears vaccine supplies will continue to be low for the predicted duration of the epidemic.

Dr. Cann said: "We haven't used up all (the vaccine) that we ordered so far. But no more is available to us at this time."

One Department official said the lack of incoming vaccine supplies is due to suppliers preferring to send larger vaccine orders to larger markets.

"The supply of vaccine is low but we didn't have much to start with," Joyce Weatherhead, the Department's epidemiologist at the Victoria Street Health Centre, said. "I

don't think we've turned anybody away who has required it."

Distribution of vaccine is through the Department and some doctors and administered by prescription only to "high risk" people with other health problems which, in combination with the flu, could prove to be dangerous.

Hamilton physician Dr. Gordon Black said demand for Hospital beds has increased although it is not due to influenza per se. People are being admitted with complications induced by the influenza.

"When there are respiratory tract infections going around there is always a greater demand for Hospital beds," he said. "The influenza worsens all other ailments such as emphysema and heart problems."

Dr. Black said the Hospital has cut down on elective surgery to leave more beds available for people affected by the influenza.

Dr. Cann described the influenza, now prevalent in the North American hemisphere, as relatively mild which people recover from relatively quickly.

"It's not something you go to hospital for," he said.

CSO: 5440/059

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BOLIVIA

BRIEFS

UNKNOWN DISEASE IN BENI--Trinidad, 15 Mar (PRESENCIA)--Authorities in Itenez Province have reported in Trinidad on the appearance in Itenez of a completely unknown and dangerous disease that has caused several deaths. The disease is characterized by vomiting, diarrhea, and a high fever. It attacks children, and several deaths have already been recorded in Huacaraje and Bella Vista. [Excerpt] [La Paz PRESENCIA in Spanish 17 Feb 85 p 7 PY]

CSO: 5400/2042

PATTERN OF GENITAL DISEASES PUZZLES HEALTH OFFICIALS

Ottawa THE CITIZEN in English 19 Jan 85 p A20

[Article by Jane Defalco]

[Text] While the number of Canadians contracting gonorrhea is on the decline, federal health officials are alarmed and puzzled over the growing number of other sexually-transmitted diseases.

The number of gonorrhea cases reported has dropped from 54,800 in 1979 to 47,700 in 1983, said Dr. Gordon Jessamine, of Health and Welfare's Centre for Disease Control.

Jessamine said health experts believe the drop stems from people being more cautious about their sexual habits out of fear of contracting AIDS, a disease that attacks the body's immune system, or genital herpes.

But he said the theory that people's more conservative sexual habits are causing a decline in gonorrhea should also mean a drop in other sexually-transmitted diseases.

Yet statistics show cases of genital infections are growing each year.

"It is quite a puzzle," said Jessamine, adding no one is able to pinpoint the reason for the increase.

One theory is that more people are seeking medical treatment for these infections

and more doctors are looking for them in examinations.

While statistics for 1984 aren't yet available, there have been increases in the reported number of cases of genital herpes, AIDS and dozens of other sexually-transmitted viruses that can cause sterility if they go undetected and untreated long enough.

Statistics on these infections are gathered from laboratory reports since they don't have to be reported by doctors.

One of the most common is chlamydia, an infection that can cause inflammation of the pelvis, sterility or life-threatening tubal pregnancies if left untreated.

Jessamine said the number of chlamydia cases has grown from between 1,300 and 1,500 in previous years to about 2,000 cases in the first eight months of 1984.

Genital herpes has jumped from about 2,600 known cases in 1982 to about 4,800 in 1983 and in terms of other diseases, it's at epidemic proportions, says Jessamine.

However, he said the jump in herpes statistics probably stems more from increased voluntary reporting of the disease.

CHILE

HEPATITIS CASE RISE PROMOTES INCREASED PREVENTIVE MEASURES

Santiago EL MERCURIO in Spanish 27 Jan 85 pp C1-C2

[Text] An increase of almost 20 percent in the cases of hepatitis was recorded in the country during 1984 in comparison to the previous year, for which reason the authorities of the [public health] sector are involved with, among other initiatives, the study of a vaccine against the disease.

This was reported to EL MERCURIO by the minister of health, Dr Winston Chinchon, who pointed out that this fact has encouraged the Secretariat of State to emphasize not only the environmental health programs, but also studies aimed at obtaining a preventive vaccine, inasmuch as both these aspects have the greatest bearing on the problem, he explained.

He indicated that statistics up to the month of November indicate that the cases of hepatitis last year reached 11,900 in comparison to 9,957 in 1983.

The minister of health added that university centers as well as the Panamerican Health Organization (PAHO) are collaborating in the search for a preventive measure against the disease.

"Just as 3 years ago we started the study of the use of the vaccine against typhus, which has proven to be extremely successful, we are now starting to tackle this problem."

He added that the incidence rates that have shown the most progress are those corresponding to typhoid fever, measles, tuberculosis, and bronchopulmonary, respiratory and digestive diseases, but that hepatitis "has lagged behind", he admitted.

Environmental Health

Minister Chinchon pointed out that in March of last year the environmental health policies put into practice by the ministry permitted a diagnosis of the problem that "made evident a series of deficiencies, educational and related to the community as well as in the health infrastructure."

In this regard he mentioned difficulties in the provision of drinking water and of sewers, contamination of foods, rivers, lakes, ponds, oceans and of

the atmosphere, as a result of the lack of protective measures on the part of some industries, he maintained.

"One of the principal objectives we had set for ourselves was to establish and put into practice a policy of environmental health. This policy was established in October 1983 and in March 1984 we made the respective survey throughout the country, which was the first to be conducted. Based on this survey norms were established and released in November to the directors of services and regional ministerial secretaries.

These norms, according to a statement by the secretary of state, became effective on 1 January of the present year, and basically they aim to establish mechanisms and methods of control while, at the same time, fixing the responsibilities of the sector's authorities, as supervisors, and of the community in general, as potential contaminating agent of either of the types mentioned.

In the same vein, he mentioned the publication of the school health code, the implementation of the rules governing atmospheric contamination, noise and campgrounds, and the improvement of others.

9907
CSO:5400/2027

DATA ON ERADICATION OF DENGUE VECTOR PUBLISHED

Havana GRANMA in Spanish 26 Dec 84 p 1

[Article by Jose A. de la Osa]

[Text] The country as a whole had an *Aedes aegypti* infestation rate of 0.009 at the end of 1984, according to the final report of the 18th inspection and treatment cycle of the sustained campaign being conducted to eradicate this vector, which transmits dengue and other diseases.

"Therefore, the conditions do not exist for the development of diseases transmissible in this manner," GRANMA was told yesterday by Dr Rafael Figueredo, national director of the Aedes Eradication Campaign.

However, he warned that there are 248 positive focuses of *Aedes* in the country, of which 202 are to be found in Havana City; 15, Havana Province; 7, Villa Clara; 16, Holguin; 3, Granma; and 5, Santiago de Cuba.

"Zero focuses" are to be found in Pinar del Rio, Matanzas, Cienfuegos, Sancti Spiritus, Ciego de Avila, Camaguey Las Tunas, Guantanamo and the Isle of Youth, as the result of the eradication campaign.

According to the national group which is directing the campaign, the term "eradicated municipality" is applied to those cities which have been without a focus of mosquitoes for 18 months.

Of the country's 169 municipalities, 137 have been without focuses of *Aedes* for 6 months; i.e., 81 percent.

Of that total, the vector has been eradicated from 51 municipalities.

The major problems of Havana City are to be found in Boyeros, La Lisa, Marianao, Arroyo Naranjo and Guanabacoa.

During the recent massive hygienic and sanitary education campaign in the capital, that was designed to revitalize the social and popular masses character of the anti-*Aedes aegypti* campaign, 14,995 uncovered water containers were found, all of which were potential breeding places for the vector.

It is important to keep up a merciless fight against that mosquito, which is able to use any kind of abandoned container--even an eggshell!--for reproduction purposes.

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DOMINICA

BRIEFS

DENGUE FEVER CONTROL--Roseau, Dominica, Tuesday (CANA)--The Dominica Government today moved to reduce chances of an outbreak of the Dengue Fever. The Ministry of Health, which said it had received reports of an outbreak of Dengue Fever in the region, urged Dominicans to ensure that their homes were free of potential mosquito breeding grounds. In a statement, it said: "All citizens should intensify their efforts in preventing the breeding of mosquitoes in and around their houses." The ministry said nationals should report all mosquito infestation problems to it. [Text] [Bridgetown BARBADOS ADVOCATE in English 6 Mar 85 p 1]

CSO: 5440/057

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ECUADOR

BRIEFS

MALARIA PROBLEM--The situation that the country is experiencing as a result of malaria is very grave, Guayas Provincial Health Director Silvio Torres Sanchez has confirmed, stressing that the number of cases have tripled in the country. He said that malaria is not only affecting rural communities but is seriously affecting urban areas. He noted that 2,051 cases were reported in Guayas Province from January to March. [Summary] [Quito Voz de los Andes in Spanish 1130 GMT 28 Mar 85 PA]

CSO: 5400/2044

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FIJI

BRIEFS

TYPHOID CASES--NZPA Suva--Seven members of a family are in the Colonial War Memorial Hospital in Suva with typhoid and their village has been isolated by a medical team. One of the victims, a girl aged 18 months, was in a critical condition and breathing with the help of a ventilator, doctors said. A team of public health officials was in the village planning to inoculate everyone. A consultant paediatrician, Dr Jaganath Mudaliar, said the first typhoid cases were reported and admitted on Thursday, when the critically ill girl and her twin sister were brought from their village about 65 km away complaining of high fever and vomiting. The next day the twins' three sisters were admitted. Their parents were located and also found to be suffering from typhoid after doctors became concerned that they were not visiting their children in hospital. [Text] [Auckland THE NEW ZEALAND HERALD in English 26 Feb 85 p 1]

CSO: 5400/4373

UPDATE ON POLIO EPIDEMIC

Helsinki HELSINGIN SANOMAT in Finnish 1 Mar 85 p 19

[Article: "Three New Cases of Polio Suspected in Our Country; Fell Ill Before Mass Vaccinations"]

[Text] It is suspected that there are three new cases of polio paralysis in our country. Specimens from two adults and a 4-year-old child are right now being examined at the National Health Institute.

All three fell ill in January-February before vaccinations administered with cubes of sugar were begun. The patients have already been released from hospital to be cared for in their homes. The cases occurred in Ranua, Joensuu and Kajaani.

Furthermore, additional proof was obtained in National Health Institute examinations that polio virus played a role in the paralysis symptoms displayed by two patients treated at the Helsinki University General Hospital in the fall. These adult patients are still undergoing physical therapy.

According to the examinations conducted by the National Health Institute thus far, five cases of paralysis due to polio have been confirmed; one of these patients died. In addition there have been five probable cases of polio paralysis. Two cases of other central nervous system ailments caused by polio have been confirmed.

"The man in his fifties from Ranua who has been suffering from paralysis symptoms is already able to walk," chief physician Pertti Weckstrom of the Medical Board said. "The woman under 30 years of age from Joensuu is also at home and can walk. The 4-year-old boy from Kajaani is afflicted with cancer in addition to polio, which is why he is receiving cytostatic treatment. The boy is nevertheless already being cared for at home," Weckstrom said.

The man in his fifties and the woman under 30 were admitted to Helsinki University General Hospital in the fall for treatment. "So these cases date back to a time when we did not yet know that a polio epidemic was spreading through our country," university lecturer Tapani Hovi of the National Health Institute said.

These two patients still have polio symptoms and must undergo physical therapy. People can recover from polio paralysis slowly over a long period of time, although some degree of paralysis is permanent.

Weckstrom reminded us how important it is to take the sugar-cube vaccination in our country because of the epidemic situation.

He particularly stressed the importance of children's vaccinations.

11,466

CSO: 5400/2526

JPRS-TEP-85-008
29 April 1985

GHANA

OUTBREAK OF CEREBRAL SPINAL MENINGITIS IN NORTHERN REGION

Accra Domestic Service in English 080600 Mar 85

[Text] There has been an outbreak of cerebral spinal meningitis in the northern region. A statement by the regional administration in Tamale reminds the public that symptoms of the disease include headache, fever, vomiting and pains in the neck. It said fever and neck pains lead to coma resulting in death if not treated.

The statement assured the public that drugs are available for the effective treatment of the disease and advise the people to report to the hospitals early when they have persistent fever, headache and neck pains. The people are also advised against overcrowding and standing in the hot sun for long hours. They should also sleep in well-ventilated rooms possibly outdoors and drink a lot of water.

CSO: 5400/93

JPRS-TEP-85-008
29 April 1985

GHANA

BRIEFS

OUTBREAK OF MEASLES, MENINGITIS--An outbreak of measles has been reported in the Hwidiem area of the Goaso District in Brong Ahafo. The medical officer in charge of the Hwidiem Saint Elizabeth Catholic Hospital, Dr Peter Michael, told the Ghana Broadcasting Corporation that at least 10 percent of the average 45 cases which are reported to the hospital do not survive. He described the situation as serious and said a mass immunization exercise is needed. Dr Michael explained that the hospital is unable to undertake an immunization exercise because of limited personnel, lack of drugs, and transport problems. Another disease which is also fast gaining ground in the area is cerebro-spinal meningitis. According to Dr Michael, although the number of cases so far reported to the hospital has not yet hit the epidemic level, there is the real danger of it getting out of hand. He disclosed that of the 18 cases reported to the hospital within the last 4 weeks, 5 lives have been lost. On the incidence of typhoid fever in the area, Dr Michael described it as endemic and said the situation can only be brought under control if the drinking water problem in the area is solved.

CSO: 5400/119

MALARIA REPORTEDLY INCREASING IN OUTLYING AREAS

Georgetown CATHOLIC STANDARD in English 10 Mar 85 p 4

[Text] An alarming increase in the number of malaria cases has been reported from the Rupununi.

This, according to last Sunday's New Nation, was reported to the Regional Administrative Council on Feb. 15 last by Cde. La Rose, Officer-in-Charge of the Malaria Control Unit at Lethem.

He told the Council that there were 703 positive cases of both vivax and falciparum malaria affecting residents.

A Georgetown source interpreted this to mean that there were 703 cases already for the year.

This would indicate an enormous increase over last year when there were only about 1,000 cases for the whole year.

Cde. La Rose, according to the New Nation, stressed the urgent need for transportation facilities to control the spread of the disease.

Last Nov. the Catholic Standard had reported an "Alarming Rise in Hinterland Malaria Cases" and added that "the most alarming reports of an increase in cases comes from the Rupununi where the most dangerous type of malaria Plasmodium Falciparum, has become far more prevalent.

"This type" the Standard added, "which is often fatal, causes cerebral damage and this has risen from about 13 per cent of the re-

ported cases over the past three years to 50 per cent of this year's 510 cases".

The New Nation states, "However there have been no deaths to date as a result of malaria".

In the absence of routine post mortem examinations, such a statement can be misleading.

The Catholic Standard Nov. report stated that the Canadian International Development Agency (CIDA) had donated three long-wheel base Toyota land cruisers for the Rupununi Malaria Control Unit.

They were said to have been purchased in Brazil and delivery was awaited. It is understood that CIDA handed over the purchase price since April 1984, but the vehicles have not yet been delivered.

Reports from other parts of the Hinterland, especially the Potaro and Upper Barima areas, speak of the disease being on the increase.

Lack of river transportation also hinders the efforts of the Malaria Control Units.

JPRS-TEP-85-008
29 April 1985

GUYANA

BRIEFS

HEALTH COOPERATION WITH GDR--New Amsterdam (GNA)--Guyana is to benefit from a wide range of pharmaceutical products and scientific information from "Germed Export-Import Enterprises" of the German Democratic Republic (GDR), Germed Deputy Director-General Wolfgang Hogrefe said Wednesday. Hogrefe noted that the two countries already have close economic relations. He added: "We are now developing scientific relationship between medical personnel from the Republic of Guyana and the GDR." This move resulted from a visit to the GDR by Health Minister Dr Richard Van West-Charles who had suggested close relationship between the GDR and Guyana in the field of medicine. The GDR medical specialist was speaking at the opening of a seminar and exhibition of new pharmaceutical drugs at the New Amsterdam Town Hall. The exercise was sponsored by Germed in conjunction with the Guyana Pharmaceutical Corporation (GPC). [Excerpt] [Georgetown GUYANA CHRONICLE in English 1 Feb 85 p 8]

CSO: 5440/049

JPRS-TEP-85-008
29 April 1985

HONG KONG

PRESS REPORTS CONCERN OVER SPREAD OF AIDS

First Hong Kong Suspect Dies

Hong Kong SOUTH CHINA MORNING POST in English 18 Feb 85 p 1

[Article by Maxmillian Kong]

[Text] The first Hongkong suspected AIDS victim died yesterday morning after battling for his life in hospital since September.

The death of the 46-year-old sailor had been expected ever since Government doctors officially announced him to be the first imported case of its kind on February 4.

A spokeswoman for Medical and Health Department confirmed last night that the victim died in Princess Margaret Hospital at about 7 am.

The authorities are considering whether to conduct a post-mortem.

She said the decision would be made this week following consultations with his family.

She said a post-mortem was "quite likely" and that the victim's body had been placed in an infectious disease mortuary.

The spokeswoman, however, declined to identify the victim or give details of his family.

She reiterated the Government's version: "Clinically, the patient is suspected to be suffering from AIDS."

She also said that the Government has been looking for a surveillance system to monitor the development of AIDS locally.

Asked why the department had not set up screening tests for AIDS as urged by many medical experts, the spokeswoman said the technique was "not commercially available" in the market.

She said the Government could not "purchase" the technique which was thoroughly studied by medical experts in the United States and Australia.

Therefore, arrangements had been made to send a physician to Atlanta, Georgia this month for training to pave way for future tests in Hongkong.

Meanwhile, she said no other suspected AIDS case had been reported in Hongkong.

The Medical and Health Department established an Advisory Committee on AIDS in November to set out guidelines and contingency plans for handling cases that might occur in the territory.

All Government hospitals and clinics had been "well notified."

The vice-chairman of the Hongkong Seamen's Union, Mr Chun Fai, said last night the Government should not keep secret the identity of the dead man and the nature of his disease.

"We have too little information to talk about it, let alone work out any solution to tackle the problem, if any, among our members," he said.

Mr Chun also said his 20,000-member union had checked with every hospital and used every possible method to trace the first known case of AIDS, but in vain.

But he added they had not received any complaints about members' willingness to work on ships heading for the United States and Britain where many cases of AIDS had been discovered.

"Anyway, it is shipping agents who have the final say on where seamen will be sent," he said.

Laws Urged To Protect Blood Bank

Hong Kong SOUTH CHINA MORNING POST in English 27 Feb 85 pp 1, 7

[Text]

Australian health authorities have called on the Hongkong Government to frame laws to protect the territory's blood bank supplies from AIDS contamination.

And an immunologist from the University of Hongkong's pathology department has urged Hongkong's "particularly vulnerable" homosexual community to take extra care in choosing their sexual partners (see Letters, Page 12).

The Queensland Minister for Health, Mr Brian Austin, told the SCM Post yesterday Hongkong should act before it was saddled with an AIDS epidemic.

His warning was backed by the head of the country's AIDS taskforce, set up to deal with an outbreak of the disease which has already claimed 18 lives and infected about 50,000 people in Australia.

Professor David Penington said Hongkong needed laws to prevent homosexuals and other high risk groups from giving blood.

"There was not a political realisation in Australia, despite advice from medical circles, of the need for this type of protection until there had been several (AIDS) deaths caused by blood transfusions and a resulting public outcry," Prof Penington said.

But the Secretary for Health and Welfare, Mr John Chambers, said the Hongkong Government had no immediate plans to follow the Australian lead.

"We are certainly not looking at a law to prevent homosexuals or any other groups from giving blood.

"We are in touch with the Blood Bank and they will do what they can to discourage people, who may be infected with AIDS, from giving blood."

The director of Hongkong's Red Cross blood transfusion service, Dr Susan Leong, has written to the Australian taskforce asking for information on steps it has taken to combat the AIDS menace.

Dr Leong confirmed yesterday that the service hoped to begin screening blood as soon as test procedures were available. An American AIDS detection kit is expected to be licensed by the US Federal Drug Administration soon and should be in service in Australia within six weeks.

Prof Penington has also sent Dr Leong a copy of a declaration form all Australian blood donors must sign before giving to the Red Cross.

The document, yet to arrive in Hongkong, cites unspecified risk groups, but is aimed at predominantly homosexual AIDS carriers, and effectively forbids them to donate blood.

A law, enacted by the Queensland Government in November and now adopted by all Australian states, provides for a \$10,000 fine and/or two years' jail for breaches

of the blood bank guidelines.

Mr Austin said the legislation was framed after the death of four Queensland babies last year, who were given blood taken from a homosexual AIDS victim.

The man, who has not been identified by Australian authorities, was not aware he carried the killer virus when he donated his blood.

Mr Austin warned that Hongkong could face a similar tragedy if it did not move to protect its blood supplies.

"It is not for me to tell Hongkong what to do, but I think they should very seriously consider introducing these sort of laws now," he said.

Government measures in Australia, however, have failed to contain the disease.

Australia and the United States have the world's worst AIDS problem because, experts say, of the size of their homosexual communities.

Sydney claims the world's largest gay population after San Francisco and was the point of entry for the virus into Australia.

Mr Austin said he was convinced AIDS could only be controlled through a reappraisal of morale values by communities in which it has gained a foothold.

"The answer to AIDS is not stopping people from giving blood, it's not passing laws and it's not community education.

"These measures can help but they won't totally halt the spread of the disease.

"The way to stop AIDS is to get to its cause, and that means stopping promiscuous intercourse."

Public Reaction Described

Hong Kong SOUTH CHINA MORNING POST in English 27 Feb 85 p 7

[Article by Vicky Wong]

[Text]

Anxious laboratory staff at Queen Mary Hospital are pressing for improved safety-at-work standards to protect them from AIDS and other infectious diseases.

Sources say a lack of essential equipment — even down to the type of hand towels used — and non-compliance

with basic safety procedures have long been problems faced by Hongkong University staff who carry out laboratory work for the Government hospital.

But the AIDS scare has highlighted the problem in dealing with specimens which could be contaminated by a host of infections, such as hepatitis and tuberculosis.

Hospital pathology staff are now pushing for stopgap funds to upgrade the safety standards.

They point to the lack of essential items such as high-grade safety cabinets and centrifuge equipment which help to minimise the risk of lab workers coming into contact with infectious specimens.

Moreover, overcrowded conditions at the laboratories make it difficult to set up special isolation rooms within which can be contained the procedures for processing highly hazardous specimens.

"It's better for one person to be at risk than a roomful of people," one immunologist said.

A hospital pathologist pointed to the use of centrifuge machines equipped only with an inner shield when in the interests of safety they should have inner and outer shields.

The purpose of the double shielding is to minimise the risk of "aerosol" dispersion of infectious substances which may be released when specimens are subjected to centrifugal spinning.

Even the provision of inferior specimen tubes which can leak and the towels used for drying hands constitute areas where the current system increases the risk of contamination.

The towels are re-usable cotton as opposed to disposable paper which means each is used by several people before washing.

Sources say that the University of Hongkong asked the Government for money for the switch to paper towels. But the request was refused on the grounds of "budget constraints."

Sources also say the lack of restaurant facilities for laboratory staff increases the risk of infection. Many are forced to eat within the laboratories with the chance of ingesting infectious substances.

University staff from both the hospital's microbiology and pathology units point out that the health risks faced by laboratory staff from the lack of safety facilities are further increased because other hospital staff do not comply with basic safety procedures when sending specimens for testing.

These procedures include proper labelling of specimens from the medical units to alert lab staff to the fact that they are dealing with hazardous substances. Specimens taken from patients suffering from conditions such as hepatitis or TB should be labelled as such to ensure that safeguards beyond the routine are taken.

These specimens should be placed in plastic bags to reduce the risk of their contents leaking and contaminating handlers such as amahs who may have to transport them from unit to unit or administrative staff who process the paperwork.

Sources say it is not uncommon for test request forms which accompany specimens sent for analysis to become

blood-spattered due to leaking containers and incorrect methods of packaging and transportation.

These forms are handled by various people and the risk of transmission of infections is thus increased.

"High risk samples should be clearly written to alert lab staff to the possibility of specimens which are dangerous," the hospital immunologist said. "But this is rarely done in certain units."

"And the only way to deal with that is to treat every single sample as contaminated with a potentially dangerous substance and as a potential source of infection."

Even the emergence of AIDS (acquired immune deficiency syndrome) in Hongkong, which has prompted the Medical and Health Department to issue guidelines to hospital staff on how to deal with the condition, does not appear to have led to improvements.

An anonymous complaint, allegedly from laboratory staff at Princess Margaret Hospital, where Hongkong's first AIDS patient was treated before he died, was received by the SCM Post last month.

The complainant alleged that laboratory staff only became aware that an AIDS patient was in the hospital from reports printed in the media and they had not been given any information on the Government's guidelines on what safety precautions should be taken in handling AIDS specimens.

But both the PMH laboratory staff and MHD have declined to confirm or refute the allegation when approached by the SCM Post.

The SCM Post has obtained a copy of the MHD guidelines on how to deal with AIDS which include, among other things, advice on how blood specimens should be handled and labelled and the safety precautions which should be taken.

However, the MHD guidelines are classified as "restricted" and while they have been sent to senior staff at Government and Government-subservent hospitals, various doctors contacted by the SCM Post were totally unaware that such a document had been issued.

When asked why the guidelines were restricted, an MHD spokesman said people may misunderstand the document and "get scared."

But a hospital pathologist said all the evidence showed that the care with which AIDS-contaminated specimens should be handled was no more than that called for when dealing with a host of other highly hazardous infections.

"AIDS just seems to highlight the problem," he said.

Sources say many of the problems confronting the hospital laboratory service stem from the fact that the facilities were designed in the

1960s to safety codes adopted in the United Kingdom at the time.

But since then, medical safety standards have improved considerably and the problem at Queen Mary lies in the great difficulties and heavy expenses involved in upgrading an existing facility to incorporate new safety features when the original designs had made no allowances for them.

These features include sophisticated ventilation systems, negative pressure rooms for the containment of hazardous substances, and the use of foot or elbow operated wash basins to minimise the risk of tap contamination.

It is understood that the University of Hongkong is now planning a major overhaul of the buildings which house the laboratory services at Queen Mary to incorporate such basic safety features and to relieve the massive over-

crowding among the units.

But the funds have yet to be allocated and it may be some time before real improvements can be made.

According to sources, the lack of basic safety provisions at the laboratories have probably been tolerated in view of the intended overhaul of facilities.

But the emergence of AIDS in Hongkong has brought with it an increased awareness of the risks faced by staff who have to work daily with substances which may be extremely hazardous.

The sources say the university's hospital laboratory service is currently working towards obtaining an allocation of funds, believed to run into six figures, to improve safety in the labs.

It is believed the funds are aimed at the purchase of high-grade safety equipment and an isolation room.

Laboratories Unsafe for Treatment

Hong Kong SOUTH CHINA MORNING POST in English 3 Mar 85 pp 1, 6

[Text] It was only a matter of time before AIDS, the Western world's medical nightmare, became a fact of life in Asia.

It struck Hongkong this month. A 46-year-old sailor was the first to die, falling victim to the baffling acquired immune deficiency syndrome which has swept the United States, Australia and Europe.

Within 24 hours of his death, doctors released details of another AIDS case. More cases, they conceded, would follow and more, they accepted, would die.

One health worker said: "How can we stop it? Do we stand at the airport with detection units, even if we had them, and test every tourist or businessman coming into Hongkong for AIDS?"

"I think we've been very lucky to have escaped for this long."

AIDS was identified only four years ago in New York's gay population.

Since then it has marched out of the homosexual ranks into the community at large, where it now causes more deaths than any other infectious disease in the United States.

In San Francisco, gay capital of the world, it is the number one killer of young men. Three thousand Americans have died, 5,000 more have been diagnosed as AIDS victims and many times that combined number are estimated to be passive carriers.

Australia, a country of 16 million people, has had 18 deaths in just over a year. Fifty-four cases have been reported and, alarming-

ly, 50,000 of its citizens are believed to harbour the AIDS virus in their bodies.

Professor David Penington, chairman of the Australian AIDS taskforce, explained: "Once the problem starts it grows very rapidly. We found the disease spread far more quickly through the community than we anticipated."

The Hongkong Government's response to the AIDS threat has been to send a doctor to the US to study American treatment programmes.

A spokesman for the Medical and Health Department said no action would be taken until he reported his findings.

American and French researchers have established that AIDS is a mutation of the human leukaemia virus.

AIDS, or the T-lymphotropic virus (HTLV 111), attacks the bodies immune system, rendering it incapable of fighting infection.

The disease is believed to have evolved in Central Africa, where it may have raged unchecked for decades, before being exported to the West.

AIDS, according to doctors, is basically a sexually transmitted disease. Gays are the most susceptible and more than 85 per cent of all reported cases involve male homosexuals.

But the chilling fact is that the deadly infection can also be spread through transfer of blood from a carrier to a healthy person.

Fortunately, the virus is not virulently contagious: it can only be passed on through

direct introduction into a victim's blood stream.

But, experience with drug addicts has proved that even a pin head of infected blood is enough. An addict using the hypodermic needle of a friend who has AIDS is likely to contract the disease.

In the US, research is also being carried out on tattooing techniques to determine whether they are safe.

"It would appear, given the nature of the disease, that AIDS could be transferred with the blood left on tattoo needles," a medical source said yesterday.

The same rationale, disturbingly, may apply to an act as innocent as kissing. Tests in Australia have found traces of AIDS antibodies, produced by the body to counteract the virus, in the saliva of AIDS victims.

Prof Penington, speaking from his Melbourne laboratory, said it was unlikely AIDS could be transmitted orally because it would be difficult for the virus to make its way into the bloodstream from the mouth.

He warned, however: "It is theoretically possible the disease could be spread in this manner. I would certainly not recommend anyone getting involved in deep kissing or tongue kissing with an AIDS sufferer."

American and Australian information indicates the virus usually surfaces in homosexual communities.

In both countries bi-sexuals have gone on to infect prostitutes — several thousand are reported to be AIDS carriers in the US — who then bring the disease to the open community.

Their blood banks have been contaminated with AIDS-laced blood donated by gay carriers, infecting hundreds of haemophiliacs and others requiring regular transfusions.

In Hongkong, news of the first local AIDS death rocked the homosexual community.

The territory's estimated 250,000 gays know they are unlikely to escape the worldwide AIDS epidemic because of Hongkong's booming tourist and international business trade.

Unquestionably, AIDS victims have visited the territory. A West German businessman, who died of the disease in February, was admitted to Adventist Hospital in 1982.

And a Texan carrier was due to be on board the Queen Elizabeth 2 luxury liner for its Hongkong call next week. He was taken off the ship, critically ill, when it berthed in Auckland, New Zealand, last week.

Simon (19) sat beside his friend, Paul (17), in the vibrant heart of Hongkong's gay district, Lan Kwai Fong, as he spoke of his fears for the future.

"I had never thought about AIDS very much but now that it has arrived I guess it is different," he said.

"I think people are very frightened about it, they just don't talk. I am scared, how do I know if one of my friends has not got it."

More than 80 per cent of people who contract the AIDS virus, predominantly homosexuals, show no or only mild symptoms of the disease. They become carriers who may unwittingly spread AIDS for years, if not the rest of their lives.

Included in this group are those who develop a less acute form of the disease, Lymphadenopathy Syndrome, which causes painful enlargement of the lymph nodes, fever and diarrhoea. They, too, are walking time bombs capable of spreading AIDS wherever they go.

Fewer than 10 per cent of those who carry the virus actually contract AIDS. By the time they do, they are no longer capable of passing it on. AIDS, it seems, burns itself out by the time it destroys a victim's immune system.

But the truly frightening aspect of the AIDS cycle is the manner in which the disease incubates in the human body. Symptoms of AIDS, for those who experience them, may take between three and five years to show up. In the meantime the infected person is a carrier who may pass the virus on to family and close friends.

Dr B.M. Jones, a hospital immunologist at the University of Hongkong, said yesterday local gays were particularly vulnerable.

"Perhaps they should consider taking particular care in the choice of sexual partners — visitors from high prevalence areas overseas, local contacts are likely to be the means of introducing HTLV into the local gay community and ensuring its spread," he cautioned.

Peter (27), a successful Chinese gay businessman, has seen an American friend die of AIDS.

He believes the disease is in Hongkong and more deaths are inevitable.

"I don't really give a damn about AIDS," he said from his fashionable Kowloon office.

"I could walk out on the street tomorrow and be knocked down by a car, so there's no point worrying.

"I can't speak for other gays, that's just my attitude. But I do think they will freak out later if more people died of AIDS in Hongkong."

Peter has visited a "friendly" doctor for a check up but fears many homosexuals in Hongkong may be reluctant to seek the same help.

The reason, he explained, was that gays found it difficult to approach doctors with their problems when their way of life was officially outlawed.

They were also concerned by reports from abroad that doctors and nurses were reluctant to treat AIDS patients for fear of catching the disease.

"I have been reading about this and I thought to myself if I caught the disease and had to go to hospital, I wouldn't want to be treated like a freak," said Peter.

"We don't want AIDS, who wants to die? It's not our fault that it's here and we shouldn't be punished for it."

Michael, a leading light of the Lan Kwai Fong set, said the spread of AIDS in Hongkong would have a profound effect on its thriving gay scene.

"It is going to affect business at some time. I think everything is going to become extremely middle class again."

The writing is on the wall for Hongkong and its underground gay movement. AIDS is here, and here to stay. The question is, what can be done to stop a repeat of the American and Australian tragedies in Asia?

HONG KONG

CONTINUING REPORTAGE ON HONG KONG AIDS CASES

Funeral Precautions

Hong Kong HONGKONG STANDARD in English 19 Mar 85 p 1

[Text]

A TRAIL of mourners wearing white or black, crying and following a dead body is common at a funeral service.

But instead of a funeral service hall crowded with relatives of the deceased, a corpse was yesterday attended by 15 "strangers" wearing thick rubber gloves, protective overalls and respiratory masks.

Health inspectors and workers were "assigned" to handle and dispose of the body of Hongkong's first AIDS (Acquired Immune Deficiency Syndrome) victim at Kwaihung Crematorium, as it had been unclaimed for a month.

Everyone involved in the service was given a special briefing on a code of practice for handling bodies with infectious diseases.

Anyone likely to come into contact with the body had to be checked to ensure that wounds, if any, are properly dressed and covered up. They had to inhale filtered air through masks.

After getting the necessary death certificates and documents from the Medical and Health Department early in the morning, the New Territories Services Department sent a team of five to collect the corpse from Princess Margaret Hospital.

They first sprayed a layer of lime and powder for disinfection and disodouring and detergent on top of the corpse, which was tightly wrapped in white cloth.

The body was then put

into a cadaver bag — a transparent thick plastic bag imported from the United Kingdom at £6 (\$50) each — and another layer of lime was sprayed to absorb liquid that might sip out during transportation. The completely sealed body was subsequently encased.

It took the team more than half an hour to carry out these safety measures before the coffin was safe to be transported to the crematorium.

At Kwaihung, three health inspectors were standing by to supervise workers to ensure the requirements were followed.

Instead of the usual 650 degrees Celsius, the corpse was treated at 1,050 degrees for 100 minutes to ensure that no infection was possible.

Everything used by the workers, including gloves, clothes and masks, was sealed and burned in a plastic bag after the process.

The Urban Services Officer (Kwaichung), Mr Lee Sheung-yeec, told *The Standard* the ashes would be inorganic substances that would pose no health hazard. He said the ashes would be kept for a week to allow time for the victim's next of kin to claim them.

Asked whether the precautionary measures taken were very unusual, Lee said: "We take handling and disposal of corpses as a routine matter."

The Chief Health Inspec-

tor (Cemetery and Crematoria, New Territories), Mr Lam Tat-sang, said his department handled about 1,100 unclaimed bodies a year.

Meanwhile, the Medical and Health Department said the second suspected AIDS victim was in a satisfactory condition and had improved slightly since he was admitted in hospital.

A spokesman for the department said the man was undergoing tests and it would be up to the doctors to decide when he would be discharged.

Screening Kit Available

Hong Kong HONGKONG STANDARD in English 21 Mar 85 p 5

[Text]

A TEST kit to screen blood samples of the killer disease AIDS (acquired immune deficiency syndrome) is now available in Hong-kong.

The kit, called ELIZA (enzyme-lined immunosorbent assay), was approved by the US Food and Drug Administration early this month.

It is being distributed here by Abbott Laboratories under the name Abbott HTLV-III EIA and arrived only yesterday.

The test employs a chemical which reacts with an active AIDS virus and changes the colour of a specially-treated serum if the blood sample is infected with the disease.

It can detect the existence of AIDS antibodies in the blood. Evidence has shown that a virus known as HTLV-III is the cause of AIDS.

Antibodies against this virus are present in a high proportion in the blood of AIDS victims and in members of high-risk groups.

The test kit can also help screen contaminated blood collected by blood banks for transfusion, a major source of transmitting AIDS virus.

The Hongkong Red Cross has already sought government funding of \$3 million to make the AIDS test a regular routine for its blood transfusion centre, which processes 500 units of blood every day.

Officials from Abbott Laboratories said that because of "extraordinary demand," distribution of the test kit is proceeding at an "unprecedented speed."

Over two million tests are being performed a month and studies indicate that one in every thousand is likely to yield a false result.

At the same time, an eight-member special team from the Association of Government Nursing Staff will begin an in-depth study on the local incidence of AIDS on Monday.

The chairman of the association, Mr Ronald Chow, said the team would seek more information about the two local AIDS victims so that they can make the proper recommendations and conclusions for the 8,000 government nurses in Hong-kong.

Chow said the team would comprise nurses from several government hospitals, and that he himself would be a member.

Chow declined to say how long the study would take, but said much of the time would be spent on data collection.

So far, the government has remained tight-lipped about the personal details of the two AIDS victims.

The first victim, a Chinese sailor, died last month and his body was cremated only this week. The second is reported to be in a satisfactory condition in Princess Margaret Hospital.

Chow said the study would be beneficial to the nurses because they could better understand AIDS, which has so far killed at least 8,000 people.

He said there was no information and insufficient guidelines from the Medical and Health Department (MHD) for medical and nursing staff to take precautionary measures against possible contamination.

Three medical assistants who attended the first AIDS victim had reported accidental contamination. Their blood samples had been sent to the UK for tests.

A spokesman for the MHD said the workers were still on "routine duty" in the hospital.

"Everything is all right, they are showing no symptoms," he said.

Chow said he had suggested that the workers be given leave if they became over-worried about contracting the disease. He denied that he had asked for the workers to be suspended from work pending the results of the blood tests.

A handbook on the management of AIDS is to be issued by the nursing group within a week. The book was compiled by the association from information collected from various health authorities.

He said he believed it would be "more comprehensive" than the MHD advisory committee's guidelines on AIDS.

HONG KONG

GOVERNMENT ALLAYS FEARS ABOUT HEPATITIS B

Hong Kong HONGKONG STANDARD in English 15 Feb 85 p 3

[Article by Mary Ann Benitez]

[Text]

FOUR per cent of blood donors — or 20 units of blood collected per day — in Hong-kong are hepatitis B carriers, but the government is confident there has been no contamination through blood transfusion so far.

The assurance was given by the Director of the Blood Transfusion Service, Dr Susan Leong, as she showed *The Standard* the new hepatitis laboratory of BTS.

"Four per cent of donors are positive to hepatitis B. But we screen the blood and so there is no contamination," she said.

The new laboratory was opened, together with the BTS in November last year. Previous to the BTS construction, screening of blood against hepatitis B was being done in several government laboratories.

Leong said it had been a long-standing policy of the government and the Red Cross to check donated blood for hepatitis B because the disease could be transmitted through blood transfusion.

She said the setting up of a BTS hepatitis laboratory did not mean more effective means of screening against the disease, but only more efficient work.

The BTS, a joint effort of the Red Cross and the government, was built for \$31.5 million to centralise efforts in

blood donor collection, recruitment and tests. It also manufactures and distributes blood components needed for treatment of blood diseases and blood transfusion.

With the laboratory work done in only one place, results of several tests, including the hepatitis examination, could be readily achieved in a matter of hours, Leong said.

She denied that the centralisation of blood donation in one centre had anything to do with the heightened concern about disease transmission through blood.

"It is being centralised for better, more efficient organisation and we do it in a standardised way. There is no point in separating it. It is more efficient, has inventory control and is cheaper to run it this way," Leong said.

She said if the screening test for another disease which can also be transmitted through blood transfusion — AIDS or Acquired Immune Deficiency Syndrome — was made available, the BTS would have this additional service.

The test is now being evaluated in the United States. It comprises analysing an anti-body against the AIDS virus.

Leong said the test may be marketed in a few months in the US, but she did not know how long before it would be made available here.

Explaining the hepatitis laboratory, Leong said the

room was air-tight and that air flow was one-way, leading to the external environment.

The air inside the room, which sometimes admits visitors, is therefore not contaminated.

Inside the laboratory is a hepatitis testing machine which uses the "ELISA" method to detect hepatitis.

Here, technicians first prepare samples from the donated blood into test tubes, then treat them with dye. Each donor's test tube and blood bag have been previously labelled so that the donor can be readily identified.

All blood units are grouped and tested, with each unit carefully labelled.

Droplets from each test tube are then transferred to multi-holed trays by using a specially designed droplet which prevents accidental contamination of the technicians' hands.

The tray is then analysed under microscopic lenses to check for the hepatitis B antigen.

Cells which are large and dark are positive to the antigen. The technician will then report the findings and blood from the affected donor is discarded.

Apart from the hepatitis laboratory, the BTS has also computerised information regarding their donors, keeping separate files for each individual. Information is kept confidential to protect individuals, Leong said.

It receives 500 units of whole blood per day, or 128,000 units a year.

The four-storey BTS building in King's Park Rise in Kowloon houses a blood donor reception area and blood storage and transport facilities. Laboratory and 24-hour emergency services are also provided.

JPRS-TEP-85-008
29 April 1985

HONG KONG

BRIEFS

CHOLERA-CARRYING FISH--Tropical fish exported from Hongkong have been destroyed because they carried cholera, Taiwan's Department of Health reported yesterday. However, a spokesman for the agriculture and Fisheries Department in Hong Kong said the department has no control over the export of ornamental fish. An estimated 8,000 tropical fish were destroyed. Their estimated value was between NT\$800,000 (about HK\$144,000) and NT\$1 million (about HK\$180,000). The Agriculture and Fisheries Department spokesman said that the type of cholera germ found in the fish was inaba-type cholera vibrio was not infectious to human beings. It was a different variety from human cholera and would not harm the human body. In any case, he said, these fish had been exported for decoration and not for food. The Taiwan Government spokesman said that the fish arrived here on Saturday on board a China Airlines plane and had been quarantined for 48 hours under normal regulations. He said that they were discovered to be carrying inaba-type cholera vibrio, a major cholera-causing germ. [Text] [Hong Kong SOUTH CHINA MORNING POST in English 14 Mar 85 p 10]

CSO: 5450/0104

INDIA

BRIEFS

MENINGITIS IN DELHI--About 170 doctors of the Capital attended a symposium on meningococcal meningitis organised by the Delhi Medical Association on Saturday to educate them on this disease, sweeping the Capital for the last two months. Some of the interesting facts which emerged were that the current epidemic is last year's, not this year's. Once it arrives, the disease goes around for some years. "We had 30-40 cases in our hospital last January," said Jai Prakash Narayan Hospital's S K Mittal. "We could have contained it had the public notice been issued right then." Though Delhi is some kind of epicentre because of the concentration of population, the bacteria has travelled far. Cases are being reported from Panipat, Mathura, Bulandshahr, Chani-garh and even Lucknow. Rain brings a sharp fall in cases and conversely, humidity sends them up. No one knows exactly why. Neisseria meningitis (the specific bacteria from the six of the gene which causes outbreaks) usually, starts in jails, and military barracks--wherever people are clustered. The current epidemic has certain unique features. On the average, half of those hit are below one year of age (almost all above six months). only 2 per cent of January and February's cases fall in this category. The book says 20 per cent of cases should be above five years in age; Delhi's figure is 77 per cent. As a fortunate corollary, the warnings this time are clearer. If there is fever and vomiting, go to your doctor at once, and if there are tiny pink rashes over the skin as well, run. Delay is fatal in this disease; shock sets in in a few hours. At JPN Hospital 10 children have died because of delay. [Text] [New Delhi PATRIOT in English 3 Mar 85 p 3]

MORE ON MENINGITIS--Medical personnel who come frequently in intimate contact with persons suffering from meningococcal meningitis will be vaccinated to protect them while treating the patients, reports UNI. This decision was taken at a meeting of medical experts and specialists under the chairmanship of the Director-General, Health Services, Dr D B Bisht, to review the meningitis situation in the Capital. Medical experts, who attended the meeting, said the incidence of the disease and admission of cases to hospitals in Delhi remained high during the last few weeks though the number of deaths had come down considerably owing to admission of patients in hospitals in early stages and administration of prompt and effective treatment. The fatality rate, however, came down to eight per cent compared to 20 per cent in January this year. [Text] [New Delhi PATRIOT in English 13 Mar 85 p 3]

CSO: 5450/0096

JPRS-TEP-85-008
29 April 1985

INDONESIA

DENGUE KILLS THREE IN SEMARANG

Jakarta ANTARA NEWS BULLENTIN 13 Mar 85 p A1

[Text] Semarang, March 13 (ANTARA)--Three of the 238 people attacked by DHF (dengue hemorrhage fever) during January 1985 have died.

Last year 1,792 people suffered from the fever, 24 of them died. The year before the number of victims were 1,913, of whom 24 died.

With regard to this chief of Semarang Health Department, Dr. Hasan Sulaiman, has called on the people to immediately report deaths caused by the fever.

Chief of Semarang public relations Tasrip TA when questioned about the fever, which has been attacking the city said the city government has organized spraying in areas where the fever is rampant, giving top priority to areas where death have been reported.

The spraying is still continued until today free of charge. It has to be done in one area at a time though, due to the high demand for it.

CSO: 5400/4366

JPRS-TEP-85-008
29 April 1985

JAMAICA

BRIEFS

SPREAD OF MALNUTRITION--Kingston, Thursday, (CANA)--An estimated 50,000 Jamaican children suffer from some form of malnutrition, a growing consequence of the country's economic problems, according to the head of an organisation here concerned with the welfare of children. Karl McDonnough, executive director of the Voluntary Organisation of the Upliftment of Children (VOUCH) also says that too many pregnant women are not eating properly, thus giving birth to weakened babies to deepen the problem. In a speech here to a service club, he put the blame on the economic situation--the falling value of the Jamaica dollar that has pushed up prices and forced down living standards. "Let the Jamaican dollar be revalued to a reasonable rate and then roll back prices...so that the poor people of this country can once again afford to eat," McDonnough declared in his speech. According to the VOUCH official, Health Ministry statistics showed that up to September last year 0.5 percent of children here up to age three were classified as seriously malnourished, 25 percent higher than the 0.4 percent in the first quarter of the year. [Text] [Port-of-Spain EXPRESS in English 1 Mar 85 p 39]

CSO: 5440/050

JPRS-TEP-85-008
29 April 1985

MOZAMBIQUE

BRIEFS

VACCINATIONS IN NAMPULA--Nearly 4,000 persons of all ages have been provided for by the general vaccination program in Ribaué, Nampula Province. A source from the Health Directorate in that district disclosed that at least 1,650 individuals have been inoculated against tuberculosis, while the rest have been protected against other types of endemic diseases. According to the same sources, the general vaccination program in Ribaué was not carried out in its entirety, because of difficulties associated with transportation. [Text]
[Beira DIARIO DE MOCAMBIQUE in Portuguese 14 Jan 85 p 1] 2909

CSO: 5400/105

ENCOURAGEMENT GIVEN TO IMMUNIZATION OF CHILDREN

Kaduna NEW NIGERIAN in English 27 Feb 85 p 2

[Article by Stalin Ed Ewoigbokhan]

[Excerpts]

IT is estimated that 216,000 children died annually in Nigeria from six childhood diseases; namely — Tuberculosis, Diphtheria, Poliomyelitis, whooping cough, measles and tetanus. A breakdown of the above figures gives a mortality rate of 2 children per L.G.A. per day. An equal number of children also offers various forms of disability from the aforementioned cases.

The Federal Ministry of Health, WHO and UNICEF have embarked on a nation-wide programme on immunization, to insure the lives and limbs of children aged two years and below. This mass-insurance programme is called the Expanded Programme on Immunization (EPI) which was first launched in 1979 and revised in 1984. The revision was essentially to take care of the defects and problems of incipient EPI and thereby ensuring effective and efficient delivery of potent vaccines to children, and hence reduce their morbidity and mortality.

Since the programme was launched in October 1984 by the Head of State, Major General Muhammadu Buhari, the various state Governors have similarly launched in their respective states. Reports show an indication that the programme will achieve results.

In spite of the merits of immunization not every parent responds to the call for immunization even though the service is rendered free of charge. This situation is largely due to the ignorance, illiteracy, apathy or rigid religious/traditional beliefs.

For example, in some part of

the country a child who has measles is bathed in palm-wine or kerosine and pepper rubbed into his eyes, somewhere else, a woman is charged with witchcraft or adultery because her child has tetanus, polio or whooping cough and the village native doctor is always handy to give his weird diagnosis and prescriptions. And then we have the believers in 'Faith Healing' to whom the syringe, needle and vaccines are instruments of sin.

In all these cases, the result is the same — the child suffers, dies or at least becomes disabled. EPI thus have to melt these inhibitory barriers in order to get to the child. This can be achieved through mass health Education, community mobilization and persuasive rather than coercive measures.

Legislative approach will at best serve a temporary purpose, create suspicion and then suffer the same as that fate of crash helmet edicts in most state of the federation.

The assistance of the print and electronic news media is greatly required to enhance the continuous flow of information between the Health organisations and parents of the Children, as well as financial and material assistance from individuals and philanthropic organisations to supplement government funds especially in these austere times.

With the foregoing in mind, I have no doubt that we are beginning to see the last of six **infantile** diseases. It happened to YAWS in 1953/54, in the 1970s, it was small pox and now it is Tuberculosis, pertussis, Diphtheria, Polio, Measles and Tetanus. EPI guarantees that.

NIGERIA

SUCCESSSES WITH IMMUNIZATION SAID INSPIRING OTHER COUNTRIES

Kaduna NEW NIGERIAN in English 27 Feb 85 p 17

[Text]

OTHER countries in the world have embarked on programmes of immunisation following Nigeria's successes in executing the project since its launching last year, UNICEF representative in Nigeria, Mr. R. S. Reid has said.

He said countries like Turkey and El Salvador have taken a leaf from Nigeria and are now working on the scheme.

Mr. Reid said at the launching of the Expanded Programme on Immunisation in Bauchi that their decision was influenced by film reports and UNICEF official reports on Nigeria's achievements in the short period that the scheme was launched.

The UNICEF official remarked that Nigeria deserves commendation for the successes it has recorded so far because, according to him, no country in the world with a similar population could have gone as far as this country had done in such a short time.

The attention of the military authorities, he said, should be focused on the total eradication of the six diseases that the EPI is

directed at, adding that total eradication of the diseases was possible if the government approached it with the same zeal as it did to the eradication of smallpox in the late 60's, a scourge which has since been eradicated.

Mr. Reid also commended the Bauchi State Government for its commitment to the EPI programme whose launching in the state he said showed evidence of deep social mobilisation not only among health personnel and voluntary organisations but in the number of people who have responded to the launching.

He described the state government's decision to spend 60,000 Naira for launching the programme and the 5,000 Naira designated for monthly spending on the project as well as the provision of a storage facility which he described as second to none in the country as impressive.

Mr. Reid had earlier disclosed that about 2,000 children die annually in the country as a result of preventable diseases while in Bauchi State alone between 20 to 22 children die daily of measles, 68 of tetanus and ten of whooping cough.

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29 April 1985

NIGERIA

BRIEFS

SKIN DISEASE IN BORNO--There is an outbreak of a highly contagious skin disease among students of the Comprehensive Secondary School Damboa, in Borno State. This was revealed by the Principal of the School, Alhaji Tyjani Umara to staff of the state Information Service of the State. He said that over thirty per cent (30%) of the student population might have been affected and that it is a sympathetic situation because the Health Centre in Domboa has not been able to provide treatment due to lack of drugs. The principal said that although the immediate cause of the disease which is accompanied by rashes and itching is not known, it might be connected with the deplorable condition of sanitation in the school, aggravated by the acute shortage of water. He disclosed that the only borehole in the school compound had since dried up as a result of which students could not bathe daily. Alhaji Trjani, therefore appealed to the State Ministry of Health to come to the aid of the students. [Text] [Kaduna SUNDAY NEW NIGERIAN in English 3 Mar 85 p 4]

CSO: 5400/100

PEOPLE'S REPUBLIC OF CHINA

MILITARY SYMPOSIUM ON INFECTIOUS DISEASES SUMMARIZED

Beijing JIEFANGJUN YIXUE ZAZHI [MEDICAL JOURNAL OF THE CHINESE PEOPLE'S LIBERATION ARMY] in Chinese No 5, 20 Oct 84 pp 395-397]

[Article by Huang Yulan [7806 3768 5695] of Hospital 302: "Summary of Papers from the 2d Military Symposium on Infectious Diseases"]

[Text] The 2d Military Symposium of Specialists on Infectious Diseases convened at Guiyang from June 26-30, 1984. A total of 416 papers were received, of which 23 were discussed at the plenary session and 54 were discussed in small groups. A brief summary of only those papers discussed will be presented below:

I. Viral Hepatitis

A. Epidemiological Surveys: At the end of 1983 the Nanjing Military Region Survey Team conducted investigations of hepatitis-B in 2,357 new recruits in certain units. The results demonstrated a 24.2 percent rate of primary serological markers; most of the 7.7 percent who tested positive for HBsAg had subclinical or clinical hepatitis. A survey at PLA General Hospital revealed a 67.6 percent rate of HBV infection among hospital personnel, a much higher rate than among new recruits or among commune members in Beijing suburban production teams. Hospital 172 reported the pathogenic typing of 104 cases of sporadic acute viral hepatitis in the Fuzhou region. The results revealed 23 cases of hepatitis-A, 39 cases of hepatitis-B, 25 cases of non-A, non-B hepatitis and 17 cases of mixed or overlapping type-A and type-B infections.

B. Studies and Applications of Hepatitis-B Vaccine: The Beijing Military Region General Hospital introduced the hepatitis-B HSsAg polypeptide vaccine development process. They believe that the purified particle polypeptide vaccine, after the 12-alkylsulfonate breakdown of HBsAg particles, is a simple and convenient means that confers strong immunity and resistance, has a comparatively high yield and has a possible practical future. The PLA General Hospital conducted hepatitis-B vaccinations on 48 subjects who had never been infected with HBV or whose HBs titers were very low. Intramuscular injections of 1 ml were administered once each at 0, 1 and 6 months; 95.7 percent of the subjects acquired anti-HBs within 12 months after the first injection.

C. Basic Theoretical Research: The Wuhan Military Region General Hospital used a G-band display to carry out both peripheral lymph-cell chromosome examinations on 59 hepatitis-B cases and hydroperitoneal cell chromosome examinations on 10 cases of hepatitis-B cirrhosis. The results demonstrated notably higher chromosome numbers and structural distortion in hepatitis-B cases than in the control group and showed that when chromosome distortion appears in the hydroperitoneum the prognosis is poor. Data gathered at Hospital 302 points out that serum from patients with any form of hepatitis-B has inhibitory effects, in varying degrees, on normal human PBM ADCC vigor. Considering chronic active hepatitis and cirrhosis as the most notable examples, analysis suggests that there may be an association between a decline in patient ADCC and blockage of serum CIC and gamma-globulins. The Beijing Military District Hospital obtained experimental results by using specific hepatoperitoneal lipoproteins (LSP) to induce chronic hepatitis changes in domestic rabbits in order to demonstrate that certain antigenic components or classes in LSP can cause chronic liver damage and may explain the autoimmune effect. This hospital also discovered the following facts: the functioning of inhibitory T cells (Ts) in patients with any form of chronic hepatitis truly is reduced; when the functioning of Ts declines an increase in globulin can be observed; the immune complex apparently has a certain inhibitory effect on Ts; and the result of hepatocellular necrosis also has an obvious inhibitory effect on Ts. Research at the Second Military Medical College Teaching Hospital on hepatocellular graft treatments for hepatic failure in white rats proves that after while rats in which D-galactosamine has produced fulminant hepatic failure receive a free hepatocellular homograft, there are comparatively obvious results. The Second Teaching Hospital reports that α_2 -macroglobulin has a regulating and controlling effect on the immune functions of chronic active hepatitis (CAH) cells, and this provides a certain theoretical foundation for research into CAH prevention and treatment. This hospital also carried out an analysis of hemocyanin in 66 cases of acute and chronic hepatitis, and concluded that the detection of C₃, C₄, α_1 -AT, α_2 -M, CP and Tf are helpful for clinical analysis of the patient's condition and determination of the prognosis. After inquiring into specific circulatory immune complex (HBsAg-IC), the Airforce General Hospital concluded that dynamic detection of HBsAg-IC has referent value for appraising hepatitis-B diagnoses and prognoses. The lower the value of C₃, the higher the positive rate for HBsAg-IC, and where C₃ decline is particularly noticeable the prognosis may be critical. The Hangzhou Airforce Hospital simultaneously checked 9 immunological markers--HBsAg, anti-HBs, HBeAg, anti-HBe, anti-HBc, IgM anti-HBc, LMA, HBsAg-IC and CIS--in 153 cases of hepatitis-B, and pointed out that detection of these is helpful in understanding the immunological characteristics of the various clinical forms of hepatitis-B. Hospital 157 used a mouse erythrocyte-wreath formation test to detect peripheral blood B lymphocytes in 49 cases of various forms of hepatitis-B. The results demonstrated a rather notable difference between chronic hepatitis patients and healthy subjects, reflecting humoral immune hyperfunction. From the concentration of cyclic nucleotides in the blood plasma, the Second Teaching Hospital of the Third Military Medical College observed the therapeutic effects of glucocortical hormones on 9 cases of viral hepatitis. The result infers that the therapeutic effects of hormones may act through the joint

regulation and control of cAMP and cGMP, bringing into play their anti-inflammatory characteristics and thus achieving these varied effects by restoring the normal physiological functioning of the cells. The Beijing Military Region General Hospital probed into the association between serum HBV-DNA and Dane particles, and they feel that the question of whether there is a nucleic acid homology between the NANB virus and HBV-DNA awaits further clarification.

D. Research in Detection Methods: The Beijing Military District General Hospital first brought about a guarantee of early hepatitis-A diagnosis through China's successful development of a monoclonal antibody to hepatitis-A. This was proven strongly specific and of high titer through multiple antigen tests both in China and abroad. Hospital 302 established a hepatitis-B antinuclear monoclonal antibody hybrid tumor cell line, which proved fully capable of acting as an anti-HBc diagnostic reagent. The solid-phase radioimmune method used by the First Teaching Hospital of the First Military Medical College is of major significance in clinical diagnosis of hepatitis-B, in screening blood donors and in epidemiological surveys. Anti-epidemic teams of directly under the Department of Public Health, General Logistics Department, use DNA molecular hybridization techniques to detect HBV-DNA in serum. Their results demonstrate that this method is advantageous in its greater specificity and sensitivity and that it is one technique for detecting Dane particles. The Airforce General Hospital conducted an observation of ultrastructural organization in the liver tissue of 26 cases of chronic latent hepatitis and discovered that the cellular mitochondria and lysosomes had changed. Hospital 302 and others used peritoneoscopy, photon microscopy and electron microscopy to conduct studies of 13 cases of chronic active hepatitis in children. They observed that in addition to general necrotic changes in the liver there was also rather widespread local destructive necrosis of the hepatocellular membranes.

E. Clinical Research: Research and analysis conducted by the First Teaching Hospital of the First Military Medical College illustrates that HBV can invade the body through damaged areas in the mucous membranes of the alimentary canal, and that the probability of this differs with the degree of pathological change. The more frequent the observation of gastrointestinal ulcers and inflammation, the greater the possibility of HBV infection via this route. Data from Hospital 101 confirms the progress of 4 cases of chronic latent hepatitis to chronic active hepatitis and the transformation of one case of chronic active hepatitis to chronic latent hepatitis. This illustrates both that chronic latent hepatitis is not always a benign process, and that chronic active hepatitis does not inevitably progress into cirrhosis. Through its clinical and pathological analysis of 116 cases of chronic hepatitis, Hospital 88 concluded that raising the rate of clinical and pathological diagnostic coincidence should not overemphasize the disease course. With regard to symptoms, hepatosplenomegaly, jaundice, persistent increase in GPT, abnormal flocculation reaction, albumin/globulin inversion and deficient therapeutic reaction are all seen more frequently in chronic active hepatitis than in chronic latent hepatitis. The liver biopsy results at Hospital 177 and other hospitals also demonstrate that jaundice, hepatosplenomegaly, liver palms, spider nevi and hemorrhagic tendencies are seen

somewhat more commonly in chronic active hepatitis than in chronic latent hepatitis. Further, HBsAg detection, TTT, albumin and globulin, SGPT and gamma-globulin differ notably between chronic active and chronic latent hepatitis. After hospital 302 compared 60 cases of cholangiolitic [YUDANXING 3226 9116 0992] hepatitis with 49 cases of extrahepatic obstructive jaundice, they felt that a comprehensive analysis of the 6 biochemical blood checks--GPT, TTT, AKP, gamma-GT, 5'-NT and ESR--is of significant value for distinguishing between the above two types of jaundice. Of 350 cases of severe hepatitis, this hospital also summarized 30 cases in which mycotic infections also occurred. Of these, there were 18 cases of pneumonia, 11 cases of enteritis, eight cases of general infection and six cases of urinary tract infections (some patients had two infections simultaneously). Complications occurred in 76.7 percent of the patients with chronic severe hepatitis and the case fatality rate was 86.7 percent. This may be related to the decline in organism immune functions and the use of adrenocortical hormones and broad-spectrum antibiotics. Based on data from 46 cases of severe hepatitis with secondary mycotic pneumonia, the Nanjing Military Region Hepatitis Coordination Group pointed out that early diagnosis in these cases is based primarily on the expectoration of phlegm, low-grade fever, the presence of hyphae and (or) spored in the phlegm, and infiltration or circular shadows in the lungs. Hospital 302 introduced 31 cases of severe hepatitis which had been treated with glucagon and insulin, of which 10 patients were still alive. They concluded that this has a fairly good curative effect on acute severe hepatitis and that elevated levels of a-fetoprotein and thrombin element activity can act as an effective indicator of curative effect. Side effects include chest congestion, heart palpitations, nausea, vomiting, perspiration and so forth, which are associated with the dosage unit time entered into the body. This hospital also used three kinds of branch amino acid injections to treat 44 cases of hepatic coma and hepatitis. As a result, 17, or 60.7 percent, of the 28 cases of hepatic coma regained full consciousness and one case was alleviated. It was concluded that this medication has a good effect on restoration of consciousness in cases of hepatic coma and that it can also improve metabolic amino acid disturbances and increase hemocyanin. The First Teaching Hospital of the Third Military Medical College treated 26 cases of severe hepatitis with four kinds of amino acid and with glucagon and insulin, and also concluded that this treatment method has a certain effect in regulating metabolic amino acid disturbances and controlling hepatic encephalopathy. Hospital 202 conducted an analysis on the amino acid records on all forms of hepatitis and provided a preliminary reference base for hepatitis treatment. After an analysis of treatment in 40 cases of severe hepatitis, Hospital 209 concluded that the rate of cure can be improved by the early, depot injection of "hepatocathartic I," early, short-range use of corticoids if circumstances warrant and prudent use of immunopotentiators. The Urumqi Military Region General Hospital used phytohemagglutinin to treat 50 cases of chronic hepatitis, with satisfactory curative results, and concluded that it has a regulating effect on patient immune functions. Hospital 181 used a compound decoction of Paeonia lactiflora root as a comprehensive treatment for six cases of severe hepatitis, with the result that five cases were restored to normal and one case exhibited no effects. The hospital believes that this merits trial and further research. Hospital 1 selected medication

in accordance with the diagnosis and prescription [bianzhen lifang 6589 6086 4539 2455] of Chinese traditional medicine, and also used injections of pig thymosin to treat 85 cases of chronic hepatitis-B. The curative effect was rather high, but it was not ideal with respect to chronic active hepatitis. The Wuhan Military Medical Region General Hospital treated 28 cases of chronic hepatitis with a syrup of (sijicai [0934 1323 5475]) and achieved a certain curative effect. The Beijing Military Region General Hospital reported success in saving one case of viral hepatitis combined with aplastic anemia through use of a bone marrow transplant.

II. Bacillary Dysentery

A. Distribution of Bacillus dysenteriae Bacteria: Data from the Second Military Medical College indicate that among Shanghai adults with bacillary dysentery, 55.6 percent are afflicted with Fu's [5958 Flexner's?] bacillus, 42.6 percent with Sonne's bacillus, 0.9 percent with Bao's [7637 Boyd's?] bacillus, 0.6 percent with Shu's [5289] bacillus and 0.3 percent with Shigella shigae type-I bacillus. Bacillus dysenteriae is highly sensitive to gentamycin, kanamycin and neomycin and is slightly sensitive or almost insensitive to furazolidone, streptomycin, cephalosporin, sulphanimides, chloromycetin and tetracycline.

B. The Proliferation and Characteristics of Shigella Dysentery: Hospital 302 reported 74 cases of Shigella Type I bacillary dysentery. This type had more serious symptoms, more pyemia and a lower cure rate than did Fu's dysentery or Sonne dysentery at corresponding stages, but there was not a single case which developed into toxic hepatitis. The 74 cases were distributed over time as follows: there were 9 cases in 1981, 16 cases in 1982 and 49 cases in 1983. These figures represent 0.98 percent, 2.3 percent and 5.6 percent of the Bacillus dysenteriae bacteria for those years, respectively. Data from Hospital 155 also shows a very high proportion of Shigella Type I bacteria in 1982 and 1983 (54.4 percent and 47.7 percent), as well as more severe symptoms and poorer curative effects than was the case for Fu's dysentery bacteria.

C. Research on Treatment: After an analysis of curative effects in 5,755 cases of bacillary dysentery among young and middle-aged people, Hospital 302 concluded that the major reason for the rise in cure rates for single-course treatments is that therapeutic methods have improved; berberine or bipai acid [0070 075B] + TMP has the best curative effect. Berberine has been used for many years with no reduction in its curative effect. The reason for this merits further study. This hospital also reported that a short-course treatment of 215 cases of adult acute bacillary dysentery with bipai acid + TMP resulted in a short-term cure rate of 98.1 percent, a rate superior to that for the control group. At the same time, it was observed that oral administration of a glucose electrolyte fluid for treatment of dehydration relieved dehydration in 96.2 percent of patients within 24 hours. Baiqiu'en International Peace Hospital orally administered 1 g of bipai acid + 0.2 g of TMP to treat 192 cases of bacillary dysentery. A 96.9 percent short-term cure rate was achieved, which was higher than the 88.5 percent rate for the control group. Hospital 177 once again reported the curative effects

of two days of treatment with sulphaguanidine on 380 cases of acute bacillary dysentery: a 97.4 percent cure rate has been maintained. Hospital 404 tried out yiyu [3976 ?] hydrazine + TMP to treat 467 cases of bacillary dysentery, with quite satisfactory curative effects (96.4 - 98.6 percent cure rate), a finding worth further study. Hospital 279, after analyzing the complete cures of 40 cases of encephalic toxic bacillary dysentery, concluded that comprehensive measures should be adopted to treat this disease, including intravenous drip of gentamycin or kanamycin, subhibernation therapy, oxygen provision, volume expansion, acidity correction, cardiotonics and intestinal lavage. Later, furazolidone, TMP, APC and prednisone retention enemas should be used and, when necessary, 654-2 or atropine should be added. Hospital 370 used "anti-dysenteric I" (60 g of clam pearl, 15 g of *Sanguisorba officinalis* root and 30 g of nasturtium herbs simmered in water to a concentration of 100 ml) as a retention enema once each evening, achieving good results on difficult-to-treat chronic dysentery.

III. Epidemic Hemorrhagic Fever

A. Viral Research: The Microbial Epidemic Research Institute of the Military Academy of Medical Sciences reported on the physico-chemical and biological properties of two viruses, indicating that these two viruses are RNA viruses that can be destroyed by using ether, chloroform, acetone deoxygenation of fatty acids and salts, glutaraldehyde, one hour of heating to 60 degrees C or ultraviolet rays. They are also destroyed or rendered unstable at less than pH 5 and at temperatures above 37 degrees C.

B. Research on Basic Theory and Detection Methods: The Second Teaching Hospital of the Fourth Military Medical College conducted a study of blood rheology in hemorrhagic fever patients, wherein they observed that there are notable discrepancies in terms of comparative whole-blood viscosity, reduced whole-blood viscosity and hemocyte pressure between hemorrhagic fever patients and normal people. They also observed that there are notable differences between normal comparative blood-plasma viscosity and viscosity during the period from fever to oliguria, and between normal erythrocyte sedimentation rate--and the K-value in the ESR equation--and the rate during the period from oliguria to convalescence. The First Teaching Hospital of the Fourth Military Medical College used the microquantitative electrophoretic diffusion method to detect fibrin degradation products (FDP) in the blood serum of 37 hemorrhagic fever patients and in the urine of 82 patients. The results indicated that the positive rates for the two were basically consistent and that there is a close interrelationship between positive urine FDP and kidney damage. The Microbial Epidemic Research Institute of the Military Academy of Medical Sciences used microenzymes in association with immunoadsorption tests to detect viral antibodies, with positive results in 63 of the 65 specimens. This method is sensitive, convenient, simple, safe and economical, and can be popularized for use at a basic level. This hospital also used ferritin-labeled antibody and enzyme-labelled antibody immune electron microscopy techniques to observe viral morphology.

C. Clinical Research: The First Teaching Hospital of the Fourth Military Medical College arrived at the following conclusions through case analyses:

1) The cause of supervening sinus cardiac bradycardia in hemorrhagic fever is associated with the blockage of efferent impulses in the sino-atrial bundle; it does not result from excess vagotonia. 2) Acute renal failure and renal encephalopathy caused by hemorrhagic fever each have their own particular characteristics that can be used as a basis for diagnosis. 3) Hemodialysis is an effective treatment for critical and severe hemorrhagic fever, however cases may still be fatal if the urodialysis period is quite long, hemorrhaging is widespread, damage to the cardiac muscle is severe, the thrombocyte count is quite low and there is a high urea nitrogen content in the blood. During dialysis, any of the following may appear: chills and fever, oozing blood at the sites of fistulae, thrombosis, high blood-volume syndrome, secondary infection or hemorrhaging and so forth, and care must be taken to control these. The Second Teaching Hospital of the Fourth Military Medical College introduced measures for reducing the case fatality rate, as follows: increase the sense of responsibility among hospital personnel; implement step-by-step treatments; for shock, give priority to prevention; actively develop hemodialysis therapy based on comprehensive treatment; and reduce perfusion reactions. Bring the case fatality rate down to 1.9 percent. The Fourth Military Medical College also reported as worthy of clinical attention a rare case of renal pathologic change accompanying chronic kidney failure in hemorrhagic fever. Data from the Third Worker's Hospital concludes that, in addition to the three major signs of hemorrhagic fever, that is, fever, hemorrhaging and urinary changes, digestive tract symptoms are also fairly noticeable. The key to therapy lies in the stage of fervescence, and this hospital has found a combination of traditional Chinese medicine and Western medicine to be quite effective. Hospital 302 reported 15 Beijing cases of afferent hemorrhagic fever, all of which had rather classic symptoms and came from epidemic regions. Immunofluorescent IgG antibody checks were performed on eight of the cases and all of them tested positive, however, at the time of hospitalization 14 of these cases were not considered to be or were not confirmed to be cases of hemorrhagic fever. Consequently, increased vigilance should be exercised with regard to this illness in cities in non-epidemic regions.

IV. Other Infectious Diseases

A. Malaria: The Kunming Military Region General Hospital conducted microcirculation observations and clinical analyses of bulbar conjunctiva on 144 cases of pernicious malaria from the Mengla region. Fuzziness in the field of vision, wandering and spreading of minute veins, sluggish flow, microarterial spasms and so forth could be seen in the microcirculatory changes. Fever, headache, perspiration and hepatosplenomegaly were the major clinical indications. The most effective therapy was treatment with a tablet of (hao [5548]) methyl ether and antimalarial number-2, along with prednisone in five single doses. After analyzing clinical data on 28 cases of hemoglobinuric fever, the Kunming Military Region's Specialty Group on Infectious Diseases concluded that this disease is one of the more dangerous types of outbreak in malarial regions. In cases where there is no history of medication, where glucose-6-phosphate dehydrogenase is normal and where the patient is positive for malarial parasites, the use of quinine medications should not be ruled out absolutely, but there must be close observation.

Clinical analysis of 1,572 cases of tertial malaria by Hospital 370 indicated that this disease represented 9.4 percent of the patients hospitalized in the department of internal medicine of that hospital during the period of analysis. It was further indicated that there were comparatively more male patients, that the number of cases from July through September represented 56.3 percent of the total for the year and that 19.4 percent of the cases were relapses. The clinical indications could be divided into typical, upper infection, gastrointestinal, renal, jaundice hemolytic, cerebral and epidermal.

2. Typhoid and Paratyphoid Fever: The Kunming Military Region's Specialty Group on Infectious Diseases summarized 300 pathogenically positive cases of typhoid fever and 56 cases of paratyphoid fever from 12 hospitals and verified the phenomena in that area of alleviated illness states and an increase in nontypical cases of these diseases. Hospital 91 used bipai acid to treat 30 cases of typhoid fever and concluded that its curative effect was not notably different from that of chloromycetin.

3. Trichinosis: The 60 cases of trichinosis seen at Hospital 64 were all associated with a history of eating raw or partially cooked pork. Ocular edeman, bulging of the eyeball and drastic myalgia in the first week of illness, and observation of *Trichinella spiralis* larvae in striated muscle biopsy can confirm the diagnosis. Hospital 211 reported 65 cases of human trichinosis caused by eating instant-boiled mutton. Larvae-encircling trials were positive and treatment with toluene imidazole proved effective.

12510

CSO: 5400/4114

PERU

EPIDEMIOLOGISTS TO STUDY HEPATITIS SERUM, SPOROTRICOSES

Lima EL COMERCIO in Spanish 11 Feb 85 p A-11

[Excerpts] A group of Peruvian epidemiologists will conduct a scientific study to try to prevent the spread of the hepatitis B virus among the native population of the central forest because preliminary studies indicate that this disease is progressing dangerously.

The serum epidemiological project on viral hepatitis recently received an award from the National Council on Science and Technology (Concytec), which has offered to finance it.

Drs Alfonso Zavaleta, Jaime Chang, Roberto Theakston, and Rosario Mendez, of the Physiological Sciences Department of Cayetano University, Heredia, are in charge of the study.

As everyone knows, hepatitis is a viral disease which attacks the liver and causes death. The penetration of the virus into the central forest has been attributed to the recent migrations from the coast and the highlands.

The same group of epidemiologists will study snakes in the area of Iscozacín, site of the Pichis-Palcazu project.

More than 40 species of poisonous snakes have been identified in that region. The group will research everything related to the most frequent cases of bites and poisoning and will plan the preparation of the necessary snake serum.

Fungi In The Skin

A third study financed by Concytec concerns the determination of the ecological factors and natural sources of the fungi called *Sporothrix Schenckii*, the cause of sporotrichosis, which is a subcutaneous disease that spreads through the lymph glands. It resembles the uta or skin tuberculosis which attacks people who live in tropical climate.

The biologists Artemio Matos, Esteban Bravo, and Jaime Sanchez will be in charge of the study, to be carried out in the areas of Callejon de Huaylas, Tingo Maria, and Pucallpa. They will try to identify the transmission mechanisms of the fungi, which is found on vegetation decay as well as on sticks or thorns.

12501
CSO: 5400/2030

PERU

BRIEFS

YELLOW FEVER REAPPEARS--A few months after a considerable number of deaths caused by yellow fever (black vomitus) occurred in the province of Leoncio Prado, the medical district of Tingo Maria controlled the spread of the disease with a massive vaccination campaign. Just when it was thought that the disease had disappeared, many other cases were reported in the hospital of this city. One of the hospitalized, ten-year-old Filimon Aquino Soria, a resident of the Pumahuasi area, died on 31 January of this year. Due to the new outbreak of yellow fever, the medical district of Tingo Maria has ordered the vaccination of the people in the town of the deceased child and of those hospitalized with symptoms of the dreaded disease, commonly known as black vomitus. It is produced by a virus which usually attacks the liver. [Text] [Lima EL DIARIO DE MARKA in Spanish 8 Feb 85 p 13] 12501

MEASLES EPIDEMIC IN AYACUCHO--An epidemic of measles, which has already caused some deaths, has appeared in Minas Canarias, Taco, Saccllalli, and Tiquihua, province of Victor Fajardo, according to Angel Medina Huaman, health officer, who came to this city to request help from the Health Regional Directorate. He reported that those areas have a population of approximately 2,500 children, and that 50 percent of them have the disease or are in danger of contracting it. The problem is aggravated in Minas Canarias because the workers are unemployed. The company is not operating due to the difficult conditions caused by terrorism, and several months ago declared bankruptcy. Later, the terrorists stole the powder keg of the enterprise. One thousand doses of vaccine have been offered, but these are not sufficient. [Text] [Lima EL COMERCIO in Spanish 9 Feb 85 p A-16] 12501

CSO: 5400/2030

75-PERCENT DROP IN DIARRHEA CASES FORESEEN

Manila BULLETIN TODAY in English 19 Feb 85 p 10

[Article by Marcia C. Rodriguez]

[Text]

Deaths due to diarrhea, particularly among children under five years old in the country, may drop by about 75 percent by 1987 with the effective use of oral rehydration solution (Oresol), a preparation of salt and glucose which was recommended by the World Health Organization (WHO) as an alternative to anti-diarrheal drugs.

This was reported in a review on the national program on the control of diarrheal diseases (CDD) which was conducted jointly by the Ministry of Health, United Nations Children's Fund, United States Agency for International Development, and WHO.

The review group noted that possibility of reducing deaths due to diarrhea, the second leading cause of mortality among children under five, as Oresol was found to have effectively treated a significant number of diarrheal cases.

An average 33 percent of diarrheal cases were treated with Oresol in three provinces,

namely: La Union, Bohol, and Bukidnon, the group said.

Enriqueta Zulueta, CDD program officer, noted that the use of

Oresol can cut down on the use of intravenous fluids. At the San Lazaro Hospital, the cost of fluid therapy decreased from P82,142 in August to December 1981 when there was no ORT unit to P48,901 from August to December 1982 when an ORT unit had been established.

All government health facilities in the province were reported to be adequately supplied with Oresol and were using it for diarrhea and promoting its use among patients, the group said.

Mothers who were surveyed were reported to have good access to government health facilities. About 86 percent knew about Oresol and 76 percent actually used it.

The group said the findings were "impressive" since the program has been self-sufficient, using only national resources. Health Minister Jesus Azurin said that the Philippines, the

only country which has launched in 1982 a CDD program nationwide, spends about P5 million to produce about four million packets of Oresol yearly. Oresol is produced by the MOH bureau of research and laboratories.

The group noted, however, that despite the availability of Oresol, diarrhea mortality is still significant in the three provinces since the solution was not always effectively used or accepted by some health workers and parents of children. This was reported to be due to inadequate training in the clinical use of Oresol, and inadequate promotion of the solution to the public.

The incidence of deaths due to diarrhea among children under five were 2.9 deaths per 1000 population in La Union, 4.6 per 1000 in Bohol, and 18.3 per 1000 in Bukidnon. Infant mortality rates in La Union was 35.8 per cent per 1000 live births; 55.5 per 1000 in Bohol, and 94 per 1000 in Bukidnon.

PHILIPPINES

GASTRO, CHOLERA, OTHER CASES REPORTED IN TACLOBAN

Tacloban City EASTERN VISAYAS MAIL in English Dec 84-Jan 85 pp 1, 4

[Text]

There were 32 confirmed gastro-enteritis cases, three of the patients to be suspect cholera el tor cases but not confirmed, among Tacloban City residents which occurred in the period from Dec. 1, 1984 to January 3, 1985. This was reported by Dr. Isabel Tantuico-Kho, Asst. City Health Officer and concurrent officer-in-charge of the Tacloban City Health Office.

These gastro-enteritis cases were checked in the records of admitted patients by hospitals in Tacloban City and from one private medical practitioner, Dr. Kho reported. The outbreak of these cases were expected in the aftermath of typhoon Undang with contaminated sources of drinking water of the barrios and districts of the city not reached by pipelines of the water system.

The reported 54 gastro cases, some of them diagnosed as cholera el tor admitted at DZRM hospital,

came from other towns nearby like Basey, Samar, and other Leyte towns and not only from Tacloban.

There are still 11 barrios of Tacloban and a few areas in the city districts not served by the LMWD pipelines, from Diit up to the northernmost barrios, it was reported.

To prevent outbreaks of gastro and cholera cases after the typhoon, the city health office distributed chlorine solutions to these barrios to be mixed with the drinking water of the residents. Dr. Kho informed. The stock chlorine solutions were added to drinking water in the ratio of one teaspoonful of the stock solution to every five gallons of water.

The first reported outbreak of cholera and gastro-enteritis after the typhoon was in Capocan, Carigara and Barugo areas which were badly hit by the calamity. The outbreak subsided after the Regional Health Office implemented preventive measures in-

cluding the decontamination of polluted water sources. Dr. Prudencio Ortiz, Asst. Regional Health Director, however, cautioned people in these areas to refrain from eating raw sea foods or fish, like 'kinilaw', since these are known to be sources of possible contamination.

Meanwhile, Dr. Kho informed also that she is planning to convene all city health personnel for a 3-day seminar-workshop this January to appraise them of the office operational plans for the coming year. She said that she also plans to revive the health education classes for food handlers and for women in the hospitality trades.

Dr. Kho also confirmed the reported upsurge of cases of trichomoniasis, a form of sexually transmitted disease, in the city as referred by medical practitioners. She said that trichomoniasis is not included in the regular weekly check-up routine for venereal diseases of those in

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PHILIPPINES

LEPROSY RATE IN ILOCOS REGION REPORTED ABOUT 25 PERCENT

Quezon City ANG PAHAYAGANG MALAYA 7 Feb 85 p 3

[Article by Orly Guirao]

[Text] San Fernando, La Union--One out of four people in Ilocos Norte has leprosy.

This was gathered from a report released by the regional office of the health ministry last week, which said that President Marcos' home province had the highest incidence of leprosy among the 7 provinces in the Ilocos region.

The health ministry report said 12,453 Ilocos Norte residents are afflicted with the disease out of the regional total of 40,165.

Leprosy of Hansen's disease epidemic in the Ilocos region and the incidence is "dangerously high," health officials said. They urged both government and private medical practitioners in the area to step up prevention efforts.

The reports blamed residents for their failure to undergo regular medical checkups, and those afflicted for failure to seek early treatment.

Ilocos Sur was a close second with 11,883 cases and Pangasinan third with 9,747 patients, La Union posted 3,953; Abra 1,458; Benguet, 353; and Mt. Province 318, the report said.

Statistics gathered by the ministry showed 5,215 cases recorded in 1973 compared to 5,945 in 1979, or a 14 percent increase during the six-year period.

The figures also showed that incidence of the disease continued to increase in six of the 7 Ilocos provinces, Ilocos Sur was able to effect a four percent decrease from 1,660 in 1973 to 1,591 in 1979.

The number of people with leprosy in La Union rose by 54.5 percent, or from 438 to 667 cases in six years. This high record increase prompted the ministry to alert its personnel in the province to undertake remedial measures.

The ministry also reported that cases in Mt Province climbed 41 percent; Benguet, 35 percent; Ilocos Norte, 24.7 percent; Abra 21.6 percent; and Pangasinan, 8.4 percent.

The disease is caused by an acid-fast bacillus known scientifically as *Mycobacterium leprae*. Symptoms include formation of nodules on the body surface which enlarge and spread and loss of physical sensation in the affected areas.

Leprosy used to be a much-dreaded affliction which virtually made "social outcasts" of its victims.

CSO: 5400/4363

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PORTUGAL

BRIEFS

MEASLES EPIDEMIC--A measles epidemic is affecting Portugal in recent months, an occurrence that has caused some stir in health care establishments. A total of 250 children have been hospitalized in the Santa Maria Hospital since the beginning of the year, the great majority being infants. According to two physicians' statements, this is quite uncommon. Vaccination is being urged, while it is pointed out that it is free. [Excerpts] [Lisbon DIARIO DE NOTICIAS in Portuguese 19 Mar 85 p 1]

CSO: 5400/2530

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ST CHRISTOPHER-NEVIS

BRIEFS

VIRAL HEPATITIS OUTBREAK--Chief Medical Officer, Dr. Franklyn Lloyd, appeared on the Weekly ZIZ Radio Programme, "SPOTLIGHT ON COMMUNITY DEVELOPMENT" on Tuesday evening spoke about an outbreak of VIRAL HEPATITIS, which is causing some concern here. Dr. Lloyd emphasised that there is no need for alarm at present, as the Ministry recognised the problem early, carried out investigations, appealed to the Caribbean Epidemiology Centre (CAREC) for assistance and certain corrective measures. "The problem", said Dr. Lloyd, "started in the St. Pauls area around the middle of last year and has since spread to other areas". The Health Team stands ready and willing to give advice and assistance wherever necessary, he added. [Excerpt] [Basseterre THE DEMOCRAT in English 23 Feb 85 p 12]

CSO: 5440/052

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SOMALIA

FURTHER ON OUTBREAK OF CHOLERA IN HARGEYSA AREA

Outbreak Hits Border Areas

EA042319 Mogadishu Domestic Service in Somali 1115 GMT 4 Apr 85

[Text] A statement released by the SDR [Somali Democratic Republic] Ministry of Health today says that yesterday, 3 April 1985, 111 new cholera cases were detected and that 49 people died of cholera at (Genet) refugee camp in Hargeysa. Reports further add that in Hargeysa city four new cholera cases have been reported but there have been no deaths.

The Ministry of Health confirmed reports that cholera has also hit the so-called border areas between the SDR and Abyssinia and particularly the following areas: Galadeh, (Dogob), (Duthub), (Wal Wal), and (Warder). Many others are dying, and the Abyssinian regime has not extended any form of medical assistance to those hit by the disaster.

Jess Attends Hargeysa Meeting

EA042323 Mogadishu Domestic Service in Somali 1400 GMT
4 Apr 85

[Text] The SDR [Somali Democratic Republic] information and national guidance minister, Challe Colonel Mohamed Omar Jess, today held a meeting in Hargeysa, the capital of the northwest region, with the national health committee and heads of international relief organizations stationed in Hargeysa. The meeting was convened to discuss matters relating to the emergency health programs, how best to combat and eradicate cholera, and the extent to which it has spread in the region.

Addressing the meeting, Challe Mohamed Omar Jess and the deputy chairman of the National People's Assembly, Challe Mohamed Hawadleh Madar, discussed the overall government program to combat cholera and other matters concerning the

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moving and settling of the new refugees in (Genet) camp in Hargeysa. The minister and the deputy chairman praised the teachers, health officials, representatives of the international relief organizations, and emergency committees in the region for their whole-hearted work to assist and help the suffering people.

Ethiopia Prevents Drug Delivery

*EA041327 Mogadishu Domestic Service in Somali 1115 GMT
4 Apr 85*

[Text] The deputy chairman of the Somali Red Crescent, Nur Elmi Uthman, said today that the Ethiopian regime has prevented a plane belonging to the International Red Cross from carrying drugs to cholera victims in Hargeysa. Challe Nur said that the drugs, which had earlier been sent to Addis Ababa by the International Red Cross, consisted of additional medical supplies intended for emergency purposes in accordance with arrangements made by Red Cross officials in Addis Ababa and Mogadishu.

The deputy chairman said emergency cooperation is a normal procedure for the Red Crescent and the Red Cross particularly when disasters of this type strike.

Challe Nur Elmi said the Ethiopian refusal is inhuman and contrary to the Geneva Convention as signed by the governments of the world. The drugs were destined for people who had fled from Ethiopia.

The deputy chairman of the Somali Red Crescent, Nur Elmi Uthman, expressed his gratitude to the Somali Government for allowing the plane to land in the SDR [Somali Democratic Republic] without preconditions and he called upon the International Red Cross and the Red Crescent to condemn the Ethiopian Government for its action and at the same time taken action against it at an appropriate time.

Halgan on Spread, Casualties

*EA042328 (Clandestine) Radio Halgan in Somali to Somalia
1700 GMT 4 Apr 85*

[Text] The killer disease cholera, which during the past week has hit the refugee camp of (Genet) on the outskirts of Hargeysa, the capital of the northwest region, has now spread to other areas, while the situation in the (Genet) camp continues to deteriorate.

Reports from Hargeysa says that the killer disease has spread to the refugee camps in Borama, Arabsiyo, (Alabadey), and other places in the northwest region.

The reports add that the death toll in (Genet) camp continues to rise, now standing at the rate of 150 persons per day, mostly children and elderly persons.

In the new areas to which the killer disease cholera has spread, people are dying in large numbers, the reports say.

CSO: 5400/115

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SOMALIA

BRIEFS

CHOLERA EPIDEMIC--A statement from the Somali Democratic Republic Health Ministry today states that 172 new cholera cases have been diagnosed, while 125 people died of cholera yesterday at the (Genet) refugee camp in Hargeysa. In Hargeysa, 16 new cholera cases were diagnosed yesterday, but no deaths were reported. People found to be suffering from the disease in Hargeysa were refugees who had entered the town and some people who had visited the (Genet) refugee camp. Committees assigned to contain the epidemic, Health Ministry workers of northwest region, doctors from Mogadishu, and relief organizations at refugee camps in the northwest region are working relentlessly to combat the disease in the (Genet) refugee camp. [Excerpts] [Mogadishu Domestic Service in Somali 1115 GMT 3 Apr 85]

CSO: 5400/114

FIRST BLACK IN SOUTHERN AFRICA CONTRACTS AIDS

Johannesburg RAND DAILY MAIL in English 8 Mar 85 p 3

[Text]

SOUTHERN AFRICA'S latest — and first black — AIDS victim was in a hospital in Mafikeng yesterday.

He is a 27-year-old labourer, who has denied that he has ever had homosexual relations.

Dr B J K Dykstra of Mafikeng's Victoria Hospital said last night he had learnt from test results yesterday that the Tswana man, whom he would not identify, suffered from Acquired Immune Deficiency Syndrome, the contagious and lethal disease without cure.

The man has not been isolated from the other workers in the men's-only hostel where he stays, but has been allowed to leave hospital and continue with his pipe-laying work, as his leg ulceration — which originally drew the hospital's attention to his affliction — is currently stable.

Sixteen people, three of them heterosexual, have been found to have AIDS in South Africa since January 1983. Eight have died. Only one had not had direct or indirect contact with American homosexuals. More than 4 000 Americans have died of the viral infection.

A bio-chemist expressed concern last night that South Africa's black migrant workers' compounds might become a "breeding ground" for AIDS.

But an AIDS expert, Dr F Spracklen, said that the man's claim that he was not homosexual tied in with the occurrence of the disease in black men in the rest of Africa, where AIDS appeared to be transmitted heterosexually.

The labourer is responding "moderately" to treatment, Dr Dykstra said, but there are no immediate plans to test the man's colleagues for AIDS.

Our correspondent in Durban reports that one out of every 10 homosexuals in South Africa has been exposed to the AIDS virus.

This is according to Dr Ruben Sher, an expert on the disease who spoke at a conference on infection control in Durban yesterday.

He said five to six new cases had already cropped up this year and he expected "many more".

He said that of a homosexual community of 25 000 in Johannesburg, 10% to 15% had been exposed to AIDS.

Of the 16 patients recorded and studied by Dr Sher at the Medical Research Institute in Johannesburg, only three who had been exposed to the AIDS virus were heterosexual. They were:

- A Durban woman who had an affair with a man who subsequently died of AIDS;
- A Johannesburg man who is married with two children and who is believed to have had contact with the disease in Zaire on a business trip almost two years ago;
- A black from Zaire who came to Johannesburg to be with his girlfriend.

Of AIDS cases in South Africa, Dr Sher said 72% were male homosexuals, 16% intravenous drug users and 1% haemophiliacs.

He made a call for a register to be compiled of those exposed to AIDS.

SOUTH AFRICA

MALARIA CASES DOUBLE

Johannesburg THE STAR in English 14 Mar 85 p 7

[Text]

PARLIAMENT — The number of cases of malaria reported in South Africa more than doubled to 4 006 last year.

Fourteen died of the disease.

The Minister of Health and Welfare, Dr Nak van der Merwe, said this week this represented a 124 percent increase in the incidence of malaria.

NATIONWIDE

Answering a question by Dr Marius Barnard (PFP, Parktown), Dr van der Merwe said the 1 792 cases of malaria reported between July 1982 and June 1983 increased by 2 214 cases to 4 006 cases reported between July 1983 and June 1984.

The increased incidence was nationwide, occurring in the Cape, Natal, Free State, Transvaal, Gazankulu, Lebowa and kaNgwane.

Dr van der Merwe said there was also a 21 percent increase in the inci-

dence of typhoid in the same period.

The 4 621 cases reported between July 1982 and June 1983 increased by 950 cases to 5 571 cases reported between July 1983 and June 1984.

There was no increase in the number of cholera cases reported.

The Minister said a campaign to control malaria had been mainly concentrated in the Northern and Eastern Transvaal and Northern Natal.

Other steps taken included surveillance, case findings, health education and encouragement of prophylactic treatment.

In answer to another question by Dr Barnard, Dr van der Merwe said there had been 108 suspected cases of Congo fever in 1984. Of these 15 had been confirmed and three people had died.

The department had disseminated information to medical personnel and the public and would standardise guidelines.

RABIES SCARE ON NATAL NORTH COAST

Johannesburg THE CITIZEN in English 21 Mar 85 p 10

[Text]

DURBAN. — A new rabies scare swept through the Natal North Coast yesterday when the State Veterinary Department reported that a five-year-old White boy, from Mount Edgecombe, was bitten by a rabid dog which subsequently died.

The State veterinary surgeon for Durban, Dr. Robin Thorogood, reported yesterday the boy had been bitten by a medium-sized mongrel which arrived at the family home on Saturday. The dog had gone into the laundry and when the child followed the animal, the dog had attacked and bitten him before disappearing into the nearby sugar-cane fields.

Later the dog had been found dead in the sugar-cane fields and an examination of its brain showed it was a positive carrier of rabies.

Dr Thorogood said that the animal must have

been very close to death when it bit the boy. It was surprising, in fact, that the dog had bitten the boy because, as a symptom of rabies, the jaws normally locked before death.

So far, this year, in White areas 19 people have been bitten by rabid animals in the province and are now being treated for the disease.

The acting regional director of the Department of Health, Dr P O'Dow, confirmed yesterday the child was having a course of treatment which lasted three months.

Dr Thorogood said he was "appalled" at the public's apathetic attitude towards rabies.

What alarmed him was the large number of positive cases of rabies in animals which had not been vaccinated by the owners or where the vaccination was no longer valid.

HUMAN ANTHRAX OUTBREAK IN RUKWA

Dar es Salaam DAILY NEWS in English 4 Mar 85 p 3

[Article by Muasho Kimaro]

[Text] AN unusual human anthrax which has affected 239 people so far has broken out in Rukwa Region, it has been learnt.

A medical co-ordinator for the UK-Tanzania Southern Regions Health Project, Dr R.H. Webber, said in Dar es Salaam at the weekend that the cases were reported between last July and February, this year. There were no deaths, he said, adding that people reported early for treatment.

Dr. Webber further revealed that 22 villages, mostly in the Lake Rukwa Valley, had been affected, with seven villages having over ten cases each. The highest number was in Chang'ombe Village which had 35 cases. Most victims were aged between 15 and 35 years, he said.

He noted that the first three cases were reported at Mbuyuni Health Centre on July 30, last year, followed by almost daily cases for more than six months.

Dr. Webber, who presented a paper on the disease during the fourth annual joint scientific conference of the National Institute for Medical Research which ended in Dar es Salaam on Thursday, said the disease's pattern suggested large number of sources.

"As cattle are valuable, people loath to destroy a beast that has died, so it is butchered and the meat sold illegally", he explained.

Further enquiries at the Mkwajuni Hospital and Mbuyuni Health Centre where

patients were treated, he pointed out, revealed that another anthrax epidemic had broken out in the area in 1983 when 75 cases were reported. Three people died from pulmonary anthrax.

The only effective control measure for the disease, Dr Webber said, was the vaccination of cattle, especially just before the dry season when the disease reached its peak due to close-grazing.

He warned that unless control measures were taken next season (May), a bigger outbreak was most likely this year because the area is now extensively contaminated and likely to remain so".

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TANZANIA

BRIEFS

NORTH CHOLERA. OUTBREAK KILLS THREE--Arusha--A team of doctors and nurses has been sent to (Kuwash) village, (Gorowa) Division, in Hanang District, which has been hit by a cholera outbreak. Reports from Babati said that three people have died of cholera which broke out in the village on 7 March. The Arusha regional health officer, Ndugu (Oben Line), told SHIHATA [TANZANIA NEWS AGENCY2 today that there was no danger of the outbreak spreading because sufficient drugs have been sent to deal with the situation. [Excerpt] [Dar es Salaam Domestic Service in Swahili 0400 GMT 20 Mar 85:EA]

CSO: 5400/106

MORE DEATHS FROM GASTROENTERITIS, BUT 3-YEAR DECLINE NOTED

Growing Epidemic

Port-of-Spain EXPRESS in English 22 Feb 85 p 1

[Article by Suzanne Lopez]

[Text]

SIX more children have died from gastro-enteritis. And, according to doctors at the Port of Spain General Hospital, the gastro-enteritis epidemic appears to be on the rise.

The six infants died within the last 18 days, pushing the total number of deaths from the recent outbreak up to eight. The first two deaths occurred late last month.

A senior paediatrician attached to Ward 54, which houses the infant victims, said the last six deaths could have been avoided if medical attention had been sought in time.

"We are appealing to parents to have their children treated as soon as the first signs of gastro-enteritis become visible," said the paediatrician.

Sources said that two of the children who died recently arrived dead at the casualty department of the Port of Spain General Hospital. The dead children ranged in ages three months to three years.

The last fatality was early J'ouvert morning. Two died over the weekend and the others within the last two weeks.

In two instances, the paediatrician said, the drug Lomotil was administered to the children. This drug, the doctor pointed out, was contra-indicated in children and could possibly have contributed to the deaths of the two children.

"Do not give this drug to children. It is not done in Europe and the United States, but it is done here," the doctor said.

Up to yesterday, there were over 50 children on Ward 54 — definitely an over-crowded ward, according to the doctor. He added that within the last few days about 30 children sought medication from the Oral Rehydration Unit, an increase of 20 per day. For this month so far, over 276 children have been treated at the institution.

"Usually only 130 children are treated per month," the doctor said.

He further explained that around the beginning of the dry season a bacteria known as Rota becomes active. Its rapid activity also occurs because children are more exposed to crowds due to Carnival.

Declining Death Rate

Port-of-Spain EXPRESS in English 23 Feb 85 p 5

[Article by Suzanne Lopez]

[Text]

ALTHOUGH the recent deaths of eight gastro-enteritis victims alarmed citizens of Trinidad and Tobago, statistics and gastro-enteritis newspaper reports for the last three years or so have indicated that the death-rate is on the decline.

Thanks to the Oral Rehydration Units (ORU) instituted in Port of Spain and San Fernando in 1980 and 1981 respectively, doctors, nurses and parents have observed a decline in the incidence of gastro-related deaths.

In 1980, the first year of the Oral Rehydration Unit of Port of Spain, there were only 62 deaths. In the following year, there were 35 deaths and in 1982, 16.

Doctors at the Port of Spain General Hospital said the steady decline in fatalities was noticed when the ORUs were introduced.

More people, doctors claim, are using the ORU facilities at the two major institutions during

what is now being called a "gastro crisis."

About 12 years ago, the constant increase in gastro victims and subsequent deaths led a team of paediatricians, researchers and health officials to start the ORUs.

"In just a few years, gastro, the number one baby-killer in Trinidad and Tobago, has been bravely combatted," a Health Education report said.

But the question is still hanging. Why then, with the institution of gastro-ammunition, are infants still dying?

Blame it on the medication and the delay in seeking medical assistance, doctors said.

The Health Education Division puts it this way: "The answer lies in a mixture of inappropriate cultural beliefs and medical ignorance."

A survey done at the Department of Child Health, University of the West Indies, revealed that most mothers are totally ignorant of what causes gastro and how to treat it. Their ignorance,

the survey revealed, is compounded by the inadequate treatment that their children receive and the delay in seeking such treatment.

In the eight gastro-related deaths since January, a senior paediatrician said that in six cases the deaths could have been avoided if medical attention had been sought earlier. In the other two cases, the wrong drug (Lomotil) was administered.

Although statistics and medicos claim that the decline in deaths is rapid, recent treatment statistics showed that more cases have been reported during the month of January this year than in the same period last year.

The Health Ministry's statistics indicate that there were some 180 cases in January as compared with 147 for the same period last year.

It is felt that there may not necessarily be a rise in attacks, but that more people are utilising the available treatment facilities.

GASTROENTERITIS SITUATION, STATISTICS DISCUSSED

Port-of-Spain TRINIDAD GUARDIAN in English 11 Mar 85 p 16

[Text]

SOME private medical practitioners are prescribing Lomotil and Maxolon for victims of gastroenteritis when these medications serve only to stop vomiting and diarrhoea and not get rid of the gastro.

This was stated by a medical official at the Port-of-Spain General Hospital. He said that the children who died from gastro all died within 24 hours of arriving at the hospital.

Asked to comment on the high incidence of gastro in County Caroni as reported in the Ministry of Health and Environment National Surveillance Unit Communicable Disease Report, he said that it could be due to many factors. For example, better reporting, plus Caroni has the worst sewerage system in Trinidad and Tobago since approximately 80 per cent of the residents use outhouses.

"There is a lot of under-reporting. But there is no more gastro now than in the last ten years. One out of every four or five cases is reported."

He attributed the stable rate of cases to a lack of information on the disease.

According to the official gastro can be caused by almost anything which becomes contaminated. Reports submitted by the Trinidad and Tobago Public Health Labora-

tory on pipe-borne water since 1982 revealed that the water was contaminated with faecal contents and unfit for drinking.

According to a report by CAREC the rotavirus is the major viral pathogen associated with diarrhoea in infants. It has a worldwide distribution and although it may infect all age groups, causes disease primarily in children six months to three years of age.

CAREC conducted surveys on children up to three years with gastro in three Caribbean countries during 1978 and 1979. The study showed rotavirus in faecal samples in 12.7 per cent in Guyana; 21.4 per cent in St Vincent and 23.3 per cent in Trinidad.

However, 75 per cent of samples for five years in these countries revealed the presence of rotavirus antibody.

A private group Tina Johnson, Dennis Ramdeen, Dr. David Bratt, Joy Cobham and Joan Roach produced commercials on the prevention and treatment of gastro for radio and television.

The commercials are expected to be on stream this month. But according to the director of the commercials, Mr. Ramdeen, sponsors are still being sought.

He said that Star Productions helped by doing the shooting, Jim Sutherland, voice and Mc Cann Erickson, human resources.

VIETNAM

DERMATOLOGY, VENEREAL DISEASE INSTITUTE ANNIVERSARY NOTED

Hanoi HANOI MOI in Vietnamese 5 Feb 85 p 2-4

[Article: "The Dermatology and Venereal Disease Institute Is Three Years Old"]

[Text] The Venereal Disease Institute was established on 28 January 1982, directly answering to the Ministry of Health and entrusted with the following functions: scientific research, treatment, upfront guidance and training of specialized cadres, public health propaganda and education, etc. It is by now 3 years old. During 1984 the institute has focused on examining, uncovering and managing the treatment of leprosy, of various venereal diseases, and of various common skin diseases aiming towards their total elimination.

To do the above tasks well, the institute has created a wide network of specialized care covering the country. This includes 4 dermatology and venereal disease departments in the various universities, 37 dermatology and venereal disease stations at province level, 24 leprosy treatment wards and rehabilitative villages. In the provincial hospitals, there still remain 56 dermatology and venereal disease departments that receive and take care of serious dermatology and venereal disease cases.

As far as the elimination of leprosy is concerned 2 units have volunteered to eliminate it on a large scale throughout the province (these are Thai Binh and Tien Giang), 9 districts and 61 villages have volunteered to eliminate it throughout the district or village, and 7 units (Van Mon, Quy Hoa, Ba Soa, Qua Cam, Hoa Van, Ha Son Binh and Gia Lai-Kon Tum) are actively eliminating leprosy outside the treatment wards.

During 1984 the whole sector was examined, uncovered and treated 2,122,609 persons. In the particular case of leprosy, the number of outpatients is three times larger than those treated in the hospitals.

As far as testing and examination is concerned, practically all the dermatology and venereal disease stations or departments have carried them out in order to diagnose the disease. The institute

and the dermatology and venereal disease hospital of Ho Chi Minh City have been able to carry out high-level tests, such as the breeding of gonorrhea cells, the culture of fungi and a number of fluorescence immunization tests and cell immunization tests.

As far as the training of specialized cadres is concerned, the institute has organized 6 classes with a total attendance of 150 persons in order to feed the specialized care network for the whole country; besides, it has also sent cadres down to participate in the training of classes organized by various localities.

As far as scientific research is concerned, the institute organizes on a regular basis scientific meetings every month. The number of scientific topics which have been presented at the institute during the year came to 28. At the dermatology and venereal disease stations, in the leprosy treatment wards and at the various dermatology and venereal disease hospitals, monthly meetings are organized where the reports already presented at the center get read and where inservice sessions are given.

As far as propaganda and education is concerned, 140 talks have been organized for 193,000 participants and 10 film showings have been seen by 67,000 viewers. Together with the printing of educational posters about venereal disease, leprosy and other skin diseases (for a total of 30,512 individual posters), the institute has worked with the dermatology and venereal disease hospital of Ho Chi Minh City and with the Propaganda Directorate of the Ministry of Health to create three films, Trot Dai ["Just A Small Mistake"] about venereal diseases, Van Co Ngay Mai ["There's Still a Tomorrow"] about leprosy, and Nga Son Thanh Toan Benh Phong ["Nga Son District Eliminates Leprosy"]. And on Vietnam Doctors Day, the institute has organized an exhibit.

The institute has also paid attention to applying oriental medicine to the treatment of skin diseases. Most particularly, the "placeno" plaster has been very useful in treating allergic skin diseases and preventing complications reaching into the liver and kidneys in the case of serious poisoning of allergic skins. The P2 plaster has also proved to be extremely efficacious in dealing with boils and neuralgic dermatitis.

Thanks to the many efforts to eliminate leprosy, the institute has been able to seek the assistance of OMS and of such countries as Holland, France, Belgium, and Japanese charitable organizations as far as medicine and equipment are concerned amounting to \$47,000. This creates favorable conditions for boosting all facets of the institute's work, especially the implementation of the plan for elimination of leprosy area by area and the control of venereal diseases in the whole country.

During 1985 the main tasks and directions of work of the dermatology and venereal disease branch are:

- To consolidate and build the specialized care network with special attention to the district level network, to supplement specialized cadres at each level, each region, each target with concentration on the mountain and border provinces in accordance with the direction of "intensive culture" but proceeding step by firm step.
- To expand the area of leprosy elimination locality by locality in each province and in the whole country, starting with the most favorable area. One should recount the number of leprosy patients found in the area under provincial management, deal right away with those who still have active viruses, and raise the level of treatment both clinical and near clinical, both using chemotherapy and physical therapy. The elimination of leprosy should be done also right at the leprosy treatment wards.
- To boost the intermarriage of venereal disease and leprosy elimination efforts in a systematic manner and in even greater depth into the advanced polyclinic network and into the work of health management for the entire population.
- To develop the manufacture and utilization of oriental medicine and acupuncture in the treatment of skin diseases from the central down to the local levels.

1751

CSO: 5400/4356

JPRS-TEP-85-008
29 April 1985

ZAIRE

BRIEFS

CHILDHOOD MORTALITY--More than 170,000 children died of measles in Nigeria in 1984, about 480 a day, a UNICEF official reported Thursday on the occasion of beginning a massive inoculation drive in Aboekuta (western Nigeria). Richard Reid, UNICEF representative in Nigeria stated that the drive was aimed at preventing deadly diseases, such as measles, tuberculosis, whooping cough, tetanus, diphtheria, poliomyelitis, which often leave survivors blind or paralyzed. [Text] [Kinshasa ELIMA in French 26-27 Jan 85 p 8]

CSO: 5400/101

ZIMBABWE

BILHARZIA AFFECTS 60 PERCENT OF CHILDREN IN CHIKWAKA

Harare THE SUNDAY MAIL in English 17 Mar 85 p 5

[Text]

MORE than 60 percent of primary schoolchildren in the Chikwaka area of Goromonzi district suffer from urinary bilharzia.

Dr Charles Todd, the Goromonzi district Medical Officer of Health, in his recently published annual health report, says that the situation is endemic.

"Many cases are not treated, presumably because there are no symptoms or they are seen as being normal, but, once treated re-infection is very common and rapid. However, clinics are instructed to treat asymptomatic cases, and urine microscopy is not normally necessary.

"The situation is unlikely to improve until sanitation and living standards are raised, because transmission only requires contact of the skin with infected water."

Dr Todd says that although diarrhoeal diseases and bilharzia are common in Goromonzi, many other diseases such as skin conditions and conjunctivitis were to some extent preventable by adequate supplies of water for washing.

"And yet even though Goromonzi is relatively well blessed with water itself, few people in the district have access to adequate sanitation or clean water."

A small diarrhoea survey in children, undertaken by Dr C. Ndlovu, showed that 55 percent of people interviewed obtained their water from an open well or river, and that 74 percent did not

use a latrine of any sort.

Dr Todd adds that efforts by the district's village health workers and the health assistants to encourage people to build latrines and protect water supplies are praiseworthy.

"It is an all too common response that communities 'just don't seem interested or motivated', and yet this should be an integral part of development. Perhaps the new local government structure of ward and village development committees will provide a forum for gaining acceptance of the need for sanitation.

"In some places communities have responded well. For instance, in some villages in Mawanga ward in Chinamora, water supplies have been protected with hand pumps and here one of the key factors seems to be very enthusiastic village health workers," he explains.

"It appears that sanitary conditions on many farm compounds are far from satisfactory, especially with regard to lack of latrines. It is to be hoped that this will improve with the farm health worker schemes starting up."

On the training of village health workers, he said that a training centre had been set up at Goromonzi itself and that this would move to Boshia early this year. He said the target was to train one village health worker for every 100 families by the end of this year.

CSO: 5400/109

JPRS-TEP-85-008
29 April 1985

INTER-AMERICAN AFFAIRS

BRIEFS

ANTIRINDERPEST CAMPAIGN--Nigeria and three neighboring countries have launched a massive regional campaign to rid their territories of rinderpest. The three countries are Niger Republic, Cameroon, and Chad. One of the coordinators of the program, Dr Mike Waneru, said in Mubi, Gongola State, that the exercise was aimed at vaccinating cattle coming into Nigeria from the other countries. The antirinderpest program is being carried out under the auspices of the Chad Basin Commission. [Text] [Lagos Domestic Service in English 0600 GMT 22 Mar 85 AB]

CSO: 5400/107

JPRS-TEP-85-008
29 April 1985

BANGLADESH

BRIEFS

CATTLE DISEASE REPORTED--Gaibandha, Feb. 27:--About 250 cattlehead died of various diseases recently. At first the mouth and legs of cattle are affected. Consequently cows could not take anything. On contact, the Animal Husbandry officer told that there is no proper treatment of this disease but frequent washing of mouths will help to recover from the disease. The thana-wise death reports of cows are as follows:--Palashbari 60, Gaibandha--85, Saghata--25, Saduilapur--30, and Fulchari--30. Frequent power failure and fluctuation in voltage at Baibandha district headquarters and its neighbouring upazilas has become a regular feature. Almost everyday after sun-set, power supply fails and remains suspended for hours together causing immense sufferings to the people. The cultivators who have installed deep tubewells are the worst sufferers due to erratic power supply. [Text] [Dhaka THE BANGLADESH OBSERVER in English 2 Mar 85 p 7]

CSO: 5450/0099

JPRS-TEP-85-008
29 April 1985

COLOMBIA

BRIEFS

FOOT-AND-MOUTH QUARANTINE--The Colombian capital and three other municipalities located north of the city will be declared in a state of quarantine by the Colombian Agricultural and Livestock Institute upon its confirmation, once again, of outbreaks of hoof and mouth disease in pigs and cattle, the institute revealed. The disease was discovered initially a little over a week ago in farms with several pastures in the locality of Don Matias, and from there it spread to the towns of San Pedro and Santa Rosa de Osos, north of Medellin. The hoof and mouth disease was also discovered in the city, presumably carried by animals brought from the north, said an official of the ICA [Colombian Agricultural-Livestock Institute], regional number 4. The Institute said that just as it happened during the third quarter of last year the recurrence of the disease is the result of the low coverage registered during the vaccination periods that took place during 1984. "Only 35% were vaccinated, so we foresaw the presence of foci", he added. According to technical reports from the ICA, the disease is affecting particularly the pig population in San Pedro, in Santa Rosa de Osos and in Don Matias, and to a lesser degree, the cattle. [Text] [Bogota EL ESPECTADOR in Spanish 22 Jan 85 p 9-A] 9907

CSO: 5400/2028

MEASURES ANNOUNCED AGAINST SHEEP VACCINIA EPIDEMIC

Nicosia O FILELEVTHEROS in Greek 23 Feb 85 p 1

[Text] The Ministry of Agriculture and Natural Resources announced that cases of sheep vaccinia have occurred recently in Paphos district.

In order to prevent the spreading of this serious disease and eliminate it, all the indicated measures were immediately taken by the Department of Veterinary Services.

According to the decree published in the republic's Official Gazette, the measures include the following:

1. All Cypriot sheep will be examined or inoculated periodically against sheep vaccinia.
2. Every owner whose animals show symptoms of sheep vaccinia must report this to the nearest veterinary station and immediately isolate such animals.
3. If, during the examination of flocks, animals infected with vaccinia are found, then all the animals in the flock will be isolated immediately. All the animals in the area and in neighboring areas will be inoculated.
4. Entry of any person not authorized by the Department of Veterinary Services into contaminated animal farms is forbidden. Persons coming into or out of the contaminated animal farms will be decontaminated.
5. Wool from the contaminated flocks will be destroyed or decontaminated and the animal corpses will be buried deep or will be burned after being disinfected, according to the instructions of the Department of Veterinary Services.
6. The sale or transfer of animals, animal corpses, feed, animal products or by-products (skins, wool, manure), or any articles whatsoever which might help in spreading the vaccinia from areas where sheep vaccinia has been diagnosed, is forbidden. However, after written permission of the Department of Veterinary Services, the removal from contaminated areas of other kinds of animals (bovines and pigs) destined for immediate slaughter is allowed.
7. Transfer of inoculated animals from one area to another, such as the buying and selling of such animals, is forbidden for a period of three weeks from the date of their inoculations.
8. All vehicles and people coming into or out of contaminated areas will be decontaminated.

JPRS-TEP-85-008
29 April 1985

KENYA

BRIEFS

VARIOUS QUARANTINES LIFTED--THREE quarantine notices imposed in various areas of Mombasa district have been withdrawn. In a letter to the District Commissioner, the District Veterinary Officer Dr. F. Khaemba withdrew the quarantine notice imposed on Mikkadini poultry farm because of an outbreak of fowl typhoid. It was imposed on September 14 last year. Another notice withdrawn was in Likoni division where all livestock movement was restricted due to an outbreak of foot and mouth disease. The same disease broke out at the Mwalimu Omar farm in Changamwe but quarantines have been withdrawn. Copies of the withdrawal notices were also given to the district officers, chiefs and their assistant in the affected areas. [Text] [Nairobi THE KENYA TIMES in English 13 Mar 85 p 4]

CATTLE QUARANTINED IN ADO-NONTIS--A quarantine barring the movement of cattle and their products in and outside Ado-Nontis Location of Loitokitok-Division has been announced by veterinary authorities following an outbreak of lumpy skin disease in the area. [Text] [Nairobi DAILY NATION in English 26 Mar 85 p 8]

CSO: 5400/116

JPRS-TEP-85-008
29 April 1985

NIGERIA

BRIEFS

MONEY SPENT ON RINDERPEST--The Kaduna State Government spent about ₦500,000 to vaccinate four million cattle against rinderpest and bovine pleuro pneumonia between 1983 and last year, the state Commissioner for Agriculture and Natural Resources, Dr. Dalhatu Tafida, said on Tuesday in Kaduna. Receiving officials of the Federal livestock department, Dr. Tafida said that 48,885 cattle were vaccinated against the disease in the different cattle inspection stations in the state borders. Dr. Tafida said that the main constraint in the border, immunisation campaign was the "inadequate number of functioning four wheel-drive vehicles" and urged the National Rinderpest Campaign Committee to procure two land rovers for border campaign. Dr. Chris Oliobi, the Deputy National Coordinator of National Rinderpest Campaign, said that the end of the 1984/85 campaign period which would end in April, over 95 percent of the national herd might have been immunized against the disease.
[Text] [Kaduna NEW NIGERIAN in English 2 Mar 85 p 7]

CSO: 5400/100

JPRS-TEP-85-008
29 April 1985

PERU

BRIEFS

BAT RABIES KILLS CATTLE--In a period of two weeks 150 head of cattle have died in the valleys of Baujilzapa and Saposoa, in the central Huallaga district, as a consequence of a rabies epidemic, according to a report by Dr. Rosales, veterinarian of the Ministry of Agriculture. The officer pointed out that it is a zoonotic disease, which is transmitted to humans and animals through bats. As a first measure, the vaccination of cattle has been recommended, and the use of the meat of the dead animals has been forbidden. These valleys are very distant from one another. The first one is located 45 km from Tarapoto, in the province of Picota, and the second one is 120 km away, in the province of Huallaga. There is concern about this epidemic. [Text] [Lima EL COMERCIO in Spanish 9 Feb 85 p A-16] 12501

CSO: 5400/2030

PREVENTION OF ANIMAL PLAGUE IN ME LINH DISTRICT

Hanoi HANOI MOI in Vietnamese 5 Feb 85 p 3

[Article by Candidate Pham Si Lang of the Institute of Veterinary Medicine: "Me Linh District: Prevent Animal Plague for the Cattle During the Winter-Spring Crop"]

[Text] Me Linh is a suburban district and its main production consists of its rice crops and hog breeding. It also has 15,000 head of cattle meant to serve its agricultural production.

One of the "headaches" in past years has been the fact that the number of cattle that die owing to the plague is still quite high during the yearly winter-spring crop, which causes a definite impediment to the soil preparation link. In the winter-spring season of 1983-1984 the district lost 1,100 head of cattle to the plague out of the total number of 15,000 available to the district, representing a proportion of 7.3 percent. According to the report of the veterinary medicine station of the district, the main cause for the loss has been the existence of the cattle plague, which is also known as the disease caused by flagellatae. Whenever the environmental conditions are not favorable (for instance, cold weather, too much exertion, inadequate food) the cattle lose their resistance, making them vulnerable to the cattle plague and other common diseases such as liver taenia, diarrhea, and leg swelling, which kill them in droves.

To overcome the above situation, during the present winter-spring season (1985) Me Linh District has advocated the bolstering of the draft animal protection work in which there are two central measures: the prevention of animal plague and the protection of the animals from hunger and cold. The district leadership has also taken the initiative to request the help of the Central Veterinary Medicine Institute and of the Hanoi Veterinary Medicine Station. Acting after the spirit of implementation of Resolution 08 of the Political Bureau, the Veterinary Medicine Institute has coordinated its work with the Hanoi Veterinary Medicine Station to send cadres down to Me Linh while at the same time helping the district with a number of veterinary medicine and other necessary means to carry out the diagnosis and prevention of cattle plague in all the cooperatives within the district.

On 20 December 1984 the district organized a learning conference to study the techniques of cattle plague prevention for its own veterinary science cadres and to discuss the plans for concrete implementation in the cooperatives. During this time, despite the fact that they ran into many difficulties such as a long cold spell, where the temperature was constantly down to 8 to 12°C causing much difficulty for the spring rice seedling preparation, or the fact that the animals had to be concentrated on the ploughing and harrowing for the winter-spring crop, owing to the determination of the district leadership and to the will to overcome difficulties of the technical cadres, the work had proceeded well during the short period from 21 December 1984 to 4 January 1985.

The result was that the specialized cadres of the Veterinary Medicine Institute, of the Hanoi Veterinary Medicine Station, and of the district veterinary medicine station, under the technical direction of Candidate Phan Dich Lan, head of the Parasitology Department of the Veterinary Medicine Institute, and of Dr Nguyen Trieu Doanh and Dr Nguyen Thi Hong, the latter being the deputy head of the Hanoi Veterinary Medicine Station, had given blood tests to 1,000 head of cattle of 35 cooperatives in 16 villages through the examination of their tails and the transfusion of white rat blood. What was discovered was that the plague existed in 6 of the 16 villages. At the same time, 3,134 head of cattle were immunized with the Naganol vaccine, representing 40 percent of the total number of collectively owned animals of the cooperatives. Through followup, we have found that after immunization the cattle were in fine shape and there was no regrettable reactions or calamity. It is for that reason that the cooperative members welcomed the operation and are very confident of what was done.

Next to organizing the preventive immunization of cattle, the district has launched the movement for protection of the animals in the whole district by essentially taking urgent care of their feed during the winter-spring season, such as the management of hay, the sowing of thick corn as feed for the cattle during seasons of great exertion, the supervision and control of the caretaking and management regime, and the timely sheltering of the animals to protect them from the cold. These measures have been and are being implemented by the various villages and cooperatives in the district.

On 5 January 1985 Me Linh District has recapped its work of cattle protection. The district gave a high grade to the results of this first phase which had the thorough and effective help of the Veterinary Medicine Institute and of the City Veterinary Medicine Station. At the same time, the district made it a responsibility of the district veterinary medicine station to follow up closely on the plague situation affecting the cattle so as to have timely measures for taking care of them, combining it with the protec-

tion of the animals against the cold so as to limit to the maximum their being affected by the plague during this winter-spring season.

1751

CSO: 5400/4356

JPRS-TEP-85-008
29 April 1985

ZAMBIA

BRIEFS

KATETE CATTLE DIE--It has been reported in Katete that more than 25,000 cattle have died from (East coast) fever since last year, and the area governor (Zongali Banda), who made the disclosure during a meeting of the Katete District Council, has urged councillors to encourage cattle owners to have their animals taken for dipping regularly. Mr (Banda) said it is only through regular dipping that the high death rate could be reduced.
[Text] [Lusaka Domestic Service in English 1115 GMT 1 Apr 85]

CSO: 5400/119

JPRS-TEP-85-008
29 April 1985

ZIMBABWE

DIPPING STEPPED UP TO CONTROL CATTLE DEATH IN MATABELELAND

Harare THE HERALD in English 21 Mar 85 p 3

[Text] BULAWAYO--THE Department of Veterinary Services in Matabeleland is working hard to control a number of cattle diseases prevalent in the area.

In an interview this week the provincial animal health inspector, Mr Anthony Grant, said the department was carrying out a weekly dipping exercise to control heart-water disease caused by ticks which can survive between seven to 20 months without feeding.

Mr Grant said that in February alone more than 797 000 cattle were dipped in all areas in the region except Gwanda and Beitbridge.

Mr Grant said about 200 head of cattle had died from quarter evil disease in the Tsholotsho district between January and February and that more deaths were occurring.

During the same period one case of anthrax was reported in the Nkayi area.

Four people who caught the disease were treated at Mbuma Mission Hospital.

A total of 25 927 cattle had been vaccinated against anthrax in Esipezini, Glass Block, Gohlwayo and Filabusi, he said, and the exercise was going on.

Mr Grant said while quarter evil was prevalent and had killed a large number of cattle, the department did not carry out any special vaccination exercise.

He said the department advised farmers to buy vaccine stocked by the department and inoculate their own animals.

Cattle in some areas had been reported to have contracted rabies. Mr Grant said 16 cattle died recently in one farm in the Nyamandlovu area where the disease is said to be prevalent.

There had been no reported cases of foot-and-mouth disease in Matabeleland. "The disease is definitely under control," he said.

CSO: 5400/111

JPRS-TEP-85-008
29 April 1985

ZIMBABWE

BRIEFS

BEEF EXPORT--The government has spent about 14 million dollars in controlling the foot and mouth disease in an effort to meet entry regulations of the European beef market. The disclosure was made by the minister of agriculture, Senator Denis Norman, when he addressed farmers at Beatrice, 65 km south of Harare yesterday. Senator Norman explained that the money was used to fence parts of the southeast and west of the country to prevent the buffalo from infecting cattle. He revealed that an additional 3 million dollars was spent on the expansion and improvement of local abattoirs. Senator Norman told the farmers that veterinary experts from the EEC are expected to visit Zimbabwe next month to inspect the facilities. The minister added that if the facilities are approved, Zimbabwe will start exporting 8,100 tons of prime beef to the EEC later this year. Senator Norman said the European market is expected to earn Zimbabwe between 20 and 70 million dollars in foreign currency every year. He also revealed that Zimbabwe, Zambia, Malawi, and Mozambique have secured funding through the Southern African Development Coordination Conference to wipe out the tsetse fly in the area around the Zambezi valley. [Text] [Harare Domestic Service in English 0500 GMT 4 Apr 85]

CSO: 5400/118

JPRS-TEP-85-008
29 April 1985

BANGLADESH

BRIEFS

WHEAT CROPS ATTACKED--Kurigram, Feb. 25:--Pests attack wheat in vast areas of Kurigram district. As a result the prospect of wheat production has become bleak according to reports reaching here from different upazilas. The reports stated that the wheat crops in a large tracts of lands in Fulbari Nogeswari Bhurungamari Ulipur and Chilmari upazilas are withering away following the attack by unknown pests. The Agriculture officials it is alleged are not taking tangible actions to combat the pest attack. [Text] [Dhaka THE BANGLADESH OBSERVER in English 27 Feb 85 p 7]

PADDY PEST REPORTED--Sonargaon, March 8: Extensive damage to Irri-boro fields by pest attack has been causing serious inconveniences to the local farmers. It is learnt that the farmers of the Bandar upazila have been facing troubles as there is no adequate quantity of insecticides in the upazila. It is apprehended that the entire area may be attacked by pests in no time if immediate steps are not taken to eradicate the pests. The most affected areas are Madanpur union under Sonargaon Bandar upazila Baghri, Kanchpur Shukher Tek Lalati, Nanakhi Paschim Math Rajarbandi Langalbaudh Bagadbari and Madanpur. The farmers of the area have urged upon the government to take necessary measures to combat the pest menace as early as possible. [Text] [Dhaka THE BANGLADESH TIMES in English 9 Mar 85 p 2]

PEST DAMAGE WIDESPREAD--Kishoreganj, Mar 12:--Pests have been damaging paddy crops over vast tracts of land in the Kishoreganj district. According to the reports Irri-Boro paddy over about 30,000 acres of land in Itna Mitamain Nikli Austagram Bajitpur Kathi adi Karimganj Kishoreganj and Tarail upazilas have been damaged by the pests. No step has yet been taken for aerial spray in the affected areas. Non-availability of pesticides has become acute in the affected upazilas. The stock position of pesticides in the government stores is almost nil, it is alleged. In the open markets pesticides of different private companies are easily available but at an exorbitant price. People in general can not buy these only due to high prices. The badly affected areas are in Dhanpur, Itna Alongjuri Raituti and Joyshiddin unions of Itna Dhaki Kewarju Katkhal Ghagra Mitamain and Gopdigni unions in Mitamain Karpasha, Dampara Gurai Shingpur and Nikli union in Nikli Abdullapur Adampur Bangalpara Kastul Austagram and Kalma unions in Austagram Upazila. When contacted the Deputy Director of Agriculture Kishoreganj confirmed the massive attack of Pamri Poka in different upazilas of the district. [Text] [Dhaka THE BANGLADESH OBSERVER in English 14 Mar 85 p 8]

CSO: 5450/0102

CANADA

BRITISH COLUMBIA DOGWOOD HIT BY LEAF BLOTCH FUNGUS

Vancouver THE SUN in English 23 Feb 85 p A3

[Article by Moira Farrow]

[Text]

The dogwoods of southern B.C. are sick.

The trees, whose white flower is the provincial emblem, are fighting a losing battle in the Lower Mainland with a fungus called leaf blotch.

The fungus has spread here from Washington state where it was reported flourishing in 1982. At that time B.C.'s ministry of agriculture said it wasn't considered a "potential threat" to B.C.'s dogwood trees.

But the ministry was wrong.

"It's now widespread throughout the city and the North Shore and it's been identified as far away as Chilliwack," said Roy Forster of VanDusen Botanical Gardens.

"It's in gardens, parks and the wild. It's so serious that we're not recommending people plant our native dogwood any more until some sort of easy control is available."

But help is available from a species called Eddie's White Wonder. It's a hybrid between the eastern dogwood and B.C.'s Pacific species.

"So far it seems much less susceptible to the disease than our native species and it has the best qualities of both trees," Forster said.

For those who don't want to swallow provincial pride and plant an easterner, Forster noted the hybrid was developed by pioneer Vancouver nurseryman Henry Eddie.

The leaf blotch attacks the leaves of the dogwood, which then develop brown spots and eventually fall off.

Cindy Holbrook of the agriculture

ministry said the problem has been increasing for the last four years and the disease has now spread to Vancouver Island from the mainland.

Holbrook said the only treatment is a fungicide spray called Benomyl that should be applied as soon as the buds start opening and every 10 to 14 days afterwards. She said the spraying is both expensive and impractical for a large tree.

Holbrook advised homeowners to rake up and burn or otherwise dispose of the dead leaves.

"Don't cut it down unless it's completely dead," she said.

"The fungus doesn't kill the tree outright," he said. "But it weakens the tree so much that it goes into a decline and hangs on in a miserable state."

"We hope the disease will run its course through our native dogwoods and some trees will be found resistant so the species will ultimately survive. But it's going to be rough for a while."

Forster has high hopes for the hybrid which Eddie began developing in the 1930s, says an article written by Bruce Macdonald of the University of B.C. Botanical Garden.

"In 1972 it won an award at the Royal Horticultural Society for the best new hybrid plant," he said. "I think it's rather nice because it links East and West together. It's going to be adopted as Vancouver's centennial tree for 1986."

JPRS-TEP-85-008
29 April 1985

GREECE

BRIEFS

PHYLLOXERA DISEASE THREATENS VINES--More than half of the vineyards in Greece have been attacked by phylloxera, the most affected area being Crete with 600,000 stremmas involved. According to statistics provided yesterday by Minister of Agriculture Kosta Simitis, of the overall 1,800,000 stremmas of vineyards in our country, 950,000 stremmas have been affected by phylloxera, a disease that steadily reduces the yield of the vines. A special program of the Ministry of Agriculture, even though late in coming, will be used to confront this problem. Mr Simitis outlined the basic points of the program yesterday. The implementation of the program will last about 30 years for Crete alone because under present prospects the restoration of vineyards is estimated at 15,000 to 20,000 stremmas a year. Planning for combatting phylloxera includes the establishment of a nursery that would supply producers who have restored their vineyards with rooted shoots. In a second phase, it is expected that the vine growing areas will be determined, a vineyard registry will be set up and a restructuring of vineyards will be decided on. Finally, on a long-term basis, a vineyard restoration authority is scheduled to be established. Also, the necessary legal measures for implementing this will be studied. The cost of the vineyard restoration, according to present statistics, will come to 100 million drachmas a year. Nevertheless, according to estimates of the Ministry of Agriculture, specialists, the rate of the phylloxera spread is slow. As a result, concern by producers is not justified. They must, however, see to it that their vineyards are restored by obtaining the proper materials. Excerpts Athens I AVGI in Greek 21 Mar 85 p 6 5671

CSO: 5400/2531

JPRS-TEP-85-008
29 April 1985

INDONESIA

CPVD ATTACKS MILLIONS OF CITRUS TREES

Jakarta ANTARA NEWS BULLETIN in English 17 Mar 85 pp A2, A3

[Text] Bukittinggi, March 16 (ANTARA)--Nine of forty million citrus trees in Indonesia are suffering from CVPD (infectious disease that attacks citrus trees) and should be given treatments immediately.

Three million others should be eradicated.

This was stated by junior minister for development of food production Wardoyo, Friday in Tilatang Kamang, Bukittinggi, West Sumatra during his official visit.

Experts in plant disease including from Indonesia have carried out experiments and research four years ago in Tokyo and consider that CVPD is a plant disease which is caused by infectious disease which spread over a large area in short time.

The Indonesian government at present is carrying out a CVPD eradication program in the form of infusion, eradication and spraying the affected trees.

In West Sumatra province there are 189,937 trees suffering from this disease, 83.11 per cent of which are in the Agam regency, Bukittinggi.

The minister in his visit also laid the first corner stone of a farmers association building in that regency. Construction of the building is expected to cost 21 million rupiahs.

The farmers association in Kamang hilir has fifty hectares of citrus planation and consist of seventy members.

CSO: 5400/4367

JAMAICA

EXPORTED PUMPKINS FOUND TO HAVE FUNGUS DISEASE

Kingston THE DAILY GLEANER in English 21 Feb 85 p 3

[Text]

A **N**OTHER JAMAICA PRODUCE EXPORTER had a container load of pumpkins rejected by United States authorities on February 11, according to the chairman of the Agricultural Produce Exporters Council of the Jamaica Exporters Association, Mr. Clyde Jacks.

Mr. Jacks said yesterday that the United States Department of Agriculture at Port Elizabeth, New Jersey, had found the pumpkins to be affected by the fungus *Phomopsis Cucurbitae*. This is the same fungus that had affected two previous shipments of pumpkins by another Jamaican exporter.

The pumpkins, valued at US\$7,000, were in the same container with yams valued at US\$8,000.

"My information is that they are dumping the pumpkins but that the yams can be taken out of the country. The only problem is how they are packed as the pumpkins will not be allowed to touch the ground," Mr. Jacks said.

Mr. Jacks went on to appeal to Jamaican farmers to spray their field with the appropriate fungicides, and to reap only those pumpkins which were free of bruises, blemishes and oozing. He also called on produce exporters to make certain that all the fruits being exported were free of the fungus so as not to jeopardise the market Jamaica was building.

"Produce inspectors and extension officers can also do more to ensure that only the best fruits are shipped. The problem is they do not have adequate and reliable vehicles. My investigation

shows that many of the officers use their own cars which are often old and constantly laid up in garage for repairs.

"The Ministry of Agriculture should seek to provide adequate transportation for these officers and should go further and train the extension officers so they can do greater preventative work in the field," Mr. Jacks said.

He noted that it was physically impossible for the produce inspectors to inspect every fruit. There had to be a level of sampling, but if the farmers, the exporters and the inspectors each made a serious effort to ensure that only the best fruit were shipped then the problem would be solved, he said.

"In the next month or so the Council will be stepping up the level of information to farmers as part of the national effort to improve and maintain quality," Mr. Jacks said.

[Editor's Note: The value of the earlier rejected shipments, according to THE DAILY GLEANER of 11 February, page 3, was put at \$110,000]

CSO: 5440/047

JPRS-TEP-85-008
29 April 1985

MOZAMBIQUE

ARMY WORM FROM ABROAD INVADES TETE

Beira DIARIO DE MOCAMBIQUE in Portuguese 21 Feb 85 p 15

[Text] An invading caterpillar pest known scientifically as "spodoptera," or "army worm," is currently devastating some farming areas of Tete Province, coming from Tanzania, Zambia and Kenya, as DIARIO DE MOCAMBIQUE learned from persons associated with the Ministry of Agriculture who, in turn, quoted reports released at the recent national meeting of the Department for Preventing and Combating Natural Disasters, held in the Mozambican capital.

Information also gathered by our newspaper indicates that if more immediate measures are not adopted to prevent its propagation, the aforementioned caterpillar could destroy all the crops on the state, private, family and collective farms.

Meanwhile, the hypothesis has been mentioned that this pest may at any time penetrate Sofala Province. However, sources linked with agriculture in this region told our reporter: "We are making a search and, if we notice any signs, we shall take precautions with spraying by air to prevent its spread."

The invading caterpillar has shown up at a time when all the plants are green, but if it is not combated soon, it could bring disaster to farm producers, because it usually attacks in large numbers.

Its action is reflected in the production of many "breeding places" near the hatching site, later producing a "bullet hole" effect and stripping the leaves. All phases of the fruit-bearing sites are attacked, sometimes causing superficial damage and hollows.

2909
CSO: 5400/105

JPRS-TEP-85-008
29 April 1985

PERU

BRIEFS

PINK BOLLWORM UNDEFEATED--The plague of the 'pink bollworm of India' may limit the expansion of cotton cultivation in the northern valleys. News from Piura point out that the pink bollworm continues undefeated. [Text] [Lima EL COMERCIO in Spanish 10 Feb 85 p F-3] 12501

CSO: 5400/2030

SOUTH AFRICA

NEW WHEAT DISEASE HITS RESISTANT VARIETIES

Johannesburg THE CITIZEN in English 26 Mar 85 p 13

[Text]

A NEW form of wheat stem rust that could attack resistant varieties had been identified in parts of the Western and Eastern Cape, Natal and the Transvaal, the Directorate of Agricultural Information said in a statement yesterday.

The statement, reporting on the current increased incidence of stem rust in the wheat production areas of the country, said this stem rust had the ability to infect "previously resistant cultivars — SST 44 and Gamka — and could cause crop losses".

"After intensive studies conducted in the glasshouse during the seedling and mature plant stages, it came to light that it was only Gamka and SST 44 that were a potential danger to the producer. The cultivars SST 25, SST 33, SST 66 and Zaragoza are still resistant and can be planted with confidence in the 1985 season," the statement said.

"Both the Department and Sensako are doing everything possible to make other resistant cultivars available to the in-

dustry. These cultivars (depending on the availability of seed) will be released to producers during the 1986 season."

The statement said "a further complicating factor" had arisen. "During a survey carried out in the Western, South-Western and Eastern Cape from March 11 to 15 this year, an abnormally high incidence of volunteer wheat was observed. These volunteer plants are now heavily infected with the new form of stem rust and could serve as a source of infection for the 1985 wheat season.

"The volunteer plants could also serve as a source of infection for leaf rust and other foliar diseases." But it was not a foregone conclusion that stem rust would assume epidemic proportions," it said.

The severity of outbreaks would be basically determined by the weather in the coming winter season.

The Small Grain Centre and Sensako were fully informed on the situation and believed that there was no cause for concern, it said.

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29 April 1985

TRINIDAD AND TOBAGO

BRIEFS

LOCUST PROBLEM--San Fernando: Members of the Amalgamated Agricultural Societies of Erin, Santa Flora, Thick Village and Edward Trace, Moruga, yesterday appealed for urgent action by the Ministry of Agriculture, Lands and Food Production to save their crops and young trees from an invasion of locusts. Farmers claimed that locusts had been attacking vegetation in the Moruga area for the past five years and the area under seige had grown from a mere three acres to more than 500 acres at the present. Crops in danger include breadfruit, coffee, bananas, cocoa and cassava. The insects went particularly after breadfruit, the farmers stated, pointing out that the insects "flew about in millions, eating away leaves, young food crops and young trees." Councillor Latchman Seecharan, chairman of the Victoria County Council, send a delegation to the ministry to discuss the matter. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 26 Mar 85 p 13]

CSO: 5440/060

JPRS-TEP-85-008
29 April 1985

VIETNAM

PROCEDURES FOR CONTROLLING RICE HISPA DETAILED

Hanoi NHAN DAN in Vietnamese 24 Jan 85 p 3-4

[Article by Pham Thi Nhat, Plant Protection Directorate: "Rice Hispa on Fifth Month Spring Rice Seedlings"]

[Text] Rice hispa is one of the rice pests which has caused much damage to the crops. Rice hispa has developed in some of the recent crops, causing serious damage in the delta provinces and midlands of northern Vietnam. The area affected by it is spreading more and more and at a relatively high density. During the winter-spring crop of 1982-1983 the area affected by the rice hispa which was the highest figure during the previous 20 years, only came to over 5,000 hectares, but during the winter-spring crop of 1983-1984 the total acreage affected by the rice hispa had shot up to over 10,000 hectares. By the time of the last 1984 main crop, the rice hispa has proliferated into an epidemic in practically all the delta provinces of northern Vietnam's midlands at an unprecedented density. It was common to have a few hundreds of them per square meter; heavily affected areas may show up to 1,000 or more, with some cases showing up to over 4,000 per square meter. The affected acreage came to 100,000 hectares, of which 60,000 need treatment to prevent or eliminate them, while some 40,000 hectares are seriously affected.

After the harvest of the main crop the rice hispa continue to live off the weeds and the dead rice plants, and from there they go on causing damage to the fifth month rice seedlings. By the end of November the rice hispa have made their appearance in many localities, causing damage to the early waves of fifth month rice seedlings then showing just two or three blades in such places as Hai Hung, Hai Phong, Thai Binh, Ha Nam Ninh, Hanoi and Ha Bac. The lowest density would be 10 to 15 larvae per square meter, while on the average one would have a few tens of them; a relatively widespread density would be hundreds per square meter. The density gradually grows by the first part of December with instances of a few hundred to over 1,000 larvae per square meter in such localities as Ha Nam Ninh, Thai Binh and Hai Hung.

According to the laws of birth and proliferation as well as the biological characteristics of the rice hispa, the long spell of cold weather that we just had, with many days registering an

average temperature of minus 10° C in many localities, does affect the activities and damage-causing potential of the rice hispa, but it does not affect their density one way or the other. Because of the cold temperature they become less active and their damage-causing potential is not evident. In the coming days the weather will warm up and the rice hispa will be more active, moving from the grass banks and from the fields containing dead rice plants which have not yet been plowed or harrowed or undergone flooding into the rice seedling fields. The rice hispa will go on causing damage to the fifth month-spring rice from the moment it starts splitting into stems to the time it pushes ears and blooms, and this at every wave; early, main, and late. On the basis of what damage the rice hispa has been able to do during the last few crops, especially during the 1984 main crop, and on the basis of their pattern of birth and proliferation, one can project that during the next fifth month-spring rice crop they will cause similar or heavier damage than during the fifth month-spring crops of 1983-1984. The period in which they appear and cause the most damage will be from April on. In order to limit the damage caused by the rice hispa, right from the start one should do well a number of things:

1. Firmly grasp the situation of the appearance and damage-causing potential of the rice hispa in one's locality during the last main crop, and assess correctly those areas that are affected either heavily or lightly so as to build concrete plans for preventing and eliminating them at the very beginning of the crop.
2. The production units and the organs in charge of plant protection from the province level down to the cooperatives must project the rice hispa's potential to develop, change patterns and cause damage from now until the end of the fifth month-spring crop in the area under one's management, in order to make preparations concerning insecticides, pumps and other measures so as to actively prevent and eliminate them.
3. Inspect the fields on a regular basis so as to discover early and in time their presence, with special attention given to those localities where they have done heavy damage to past crops and to those areas adjacent to those that had seen epidemics before. During this time one must thoroughly investigate the rice seedlings, including the fields containing dead rice plants and grass banks.
4. Proceed with harrowing down the dead plants and quickly, neatly push the rice plant stumps into the ground to prepare for putting the fields into fallow; one should not let the dead rice plants develop new growth on a widespread scale.

5. One must prevent and eliminate the rice hispa at all costs while the rice is still at the seedling stage. At the present time, the majority of these larvae are at the full grown stage; if one tries to catch them with nets in the morning one can get great results.

One should also pay attention to limiting the use of insecticide on the fifth month-spring rice seedlings at the present time.

From the time the rice plant develops stems, if it is attacked by the rice hispa type 1, one should use nets to catch the full grown ones and snip off the affected blades (which contain both newborn larvae and full grown ones) from the very moment that they are at a low density; or, use a knife to splice off the infested blade tips in case the rice is too well developed and where the larva density is high.

One can use various insecticides like "vo-pha-toc," "me-ta-phot," and "dip-te-rech" in order to spray and eliminate the rice hispa once the rice plant has started pushing ears; this is because at this stage it becomes harder to do the hand treatment way.

In the prevention and elimination of rice hispa, the good organization of this effort on the rice seedlings has great significance in reducing their density and limiting the damage caused by them by the time the rice plant has fully developed. Consequently, from now until the middle of February one must urgently and thoroughly organize the prevention and elimination of rice hispa on the rice seedlings.

1751

CSO: 5400/4351

VIETNAM

HANOI REPORTS RICE PLANTING, RICE BLAST

BK020610 Hanoi Domestic Service in Vietnamese 0500 GMT 31 Mar 85

[Text] According to the General Statistics Department and the Vegetation Protection Department of the Ministry of Agriculture, as of 25 March, the country had planted winter-spring rice on more than 1,735,000 hectares or 99.1 percent of the planned acreage. Although winter-spring rice has developed favorably, as many as 84,295 hectares of this rice in the northern provinces have been affected by insects and blight, especially rice blast. Nghe Tinh and Binh Tri Thien alone have suffered 33,000 and 18,000 hectares respectively.

Prolonged overcast since the Lunar New Year has created favorable conditions for the outbreak and development of insects and blight. This year, rice blast has appeared at an early date and on an area 2-3 times larger than during the same period last year. To date, rice blast has spread to thousands of hectares in such provinces as Thai Binh, Hai Hung, and Ha Son Binh. Rice hispa eggs and stem borer larvae have also appeared in these provinces. The density of rice hispa eggs has reached 300-500 per hectares in some localities.

The Material Supply General Corporation of the Ministry of Agriculture has promptly distributed nearly 100 metric tons of insecticides to these localities to help them stamp out insects and blight. The corporation has also supplied various factories with over 400 metric tons of raw materials to help them step up the production of insecticides for other localities.

All localities must intensively survey their ricefields to determine the degree of infestation so that appropriate countermeasures can be taken. They should stop applying nitrogenous fertilizer to ricefields affected by rice blast, maintain an appropriate level of water in these ricefields, and save insecticides for use in heavily affected localities.

Winter-spring rice in the south is ripening uniformly. As of 25 March, the southern provinces had harvested this rice on more than 35 percent of the cultivated area with a fairly high yield. The per-hectare yield of winter-spring rice in An Giang is 5.49 metric tons; Tien Giang 4.18

metric tons; Phu Khanh 4.15 metric tons; Kien Giang 4 metric tons; and Long An 3.83 metric tons.

Along with harvesting winter-spring rice, all localities in the south have reserved an appropriate part of their manpower for the cultivation of the summer-fall rice. To date, they have completed soil preparation on 130,000 hectares and planted summer-fall rice on more than 10,000 hectares. Meanwhile, the agricultural material supply sector has moved to various localities a quantity of fertilizer equivalent to more than 30 percent of the planned norm to support the summer-fall crop production.

CSO: 5400/4369

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VIETNAM

BRIEFS

THANH HOA RICE DISEASES--In the key rice-growing districts of Thanh Hoa Province, 720 hectares of 5th-month spring rice were seriously affected by rice blast and thousands of other hectares were also infested with the disease. The provincial agricultural sector, together with various districts and cooperatives, have used a combination of various measures to control harmful insects and diseases. Thanks to these efforts, 68 hectares of rice seriously affected by rice blast in the An Nong, Thieu Van, and Thieu Duong cooperatives have been saved. At present, in the entire province there still are about 11,100 hectares of rice affected by the root suffocation disease. [Summary] [Hanoi Domestic Service in Vietnamese 2300 GMT 1 Apr 85 BK]

CSO: 5400/4374

ZIMBABWE

FRUIT INDUSTRY THREATENED BY VIRULENT FUNGAL DISEASE

Harare THE FINANCIAL GAZETTE in English '22 Feb 85 "The Farming Gazette"
Supplement p 17

[Text]

THE FUTURE of Zimbabwe's deciduous fruit industry is under severe threat from a virulent fungal disease.

Experts told the *Farming Gazette* that the fungus, *alternaria*, was already a major problem for fruit growers and would become worse if it was not quickly brought in check.

Mr Kevin Ackerman of Claremont Orchards, where *alternaria* has already ruined 700 tonnes of fruit, said if the fungus was not brought under control the industry would last only seven more years.

Dr Mike Deall, Agricura plant pathologist, said the fungus was posing increasingly serious problems and the chemicals being used against it were "not working at all".

Emergency registration for Crototex, a new chemical proven effective under similar conditions elsewhere, was being sought to begin the attack on *alternaria* as soon as possible.

Besides Nyanga orchards, the fungus had also surfaced at Chimanimani and Mvurwi.

"It's not serious there yet, but it builds up slowly and then becomes a major problem," he said.

It is understood that export orders for up to 6 000 cases of apples have been lost. The fungus causes a pink lesion in the fruit, leaving it totally unacceptable to consumers.

Mr Ackerman said *alternaria* now affected 15 out of Claremont's 16 apple varieties and has lost the complex \$120 000 in the 1983/1984 season. The highly exportable golden delicious and star king varieties are worst affected, while the fungus also damaged canvada the early ripening variety. "We haven't caught it in time," he said.

The *alternaria* problem was first identified as serious in 1976, although it was first detected in the early Seventies. The Rovril compound was first used and proved effective, but virulent strains developed and were resistant to the chemical. It is now ineffective.

Dr Deall said the Rovril would be withdrawn from use at Claremont for two or three seasons so the *alternaria* could return to its

wild state and lose its resistance.

The chemical Dyrene was also effective against the fungus but it caused russetting and toxicity and could only be used after the harvest.

Mr Ackerman added that the fungus caused defoliation in the tree, making it less vigorous, and left a smaller, often damaged apple.

The 700 tonnes of fruit lost this season were so badly damaged they were not even suitable for canning.

The horticultural specialist for Manicaland, Mr Tom Schaaf, told *Farming Gazette* that the *alternaria* problem was not as severe as it could be.

The occurrence of the new resistant strains was probably caused by the repeated application of the same compounds, and could be reversed.

But fruit growers were now threatened by bacterial canker which damaged fruit. The canker caused lesions on stems and twigs and cracked the fruit.

Plans to quarantine the areas where it had appeared were now being formulated, he said.